

FILED MAR 27 1948 318

State File No. 9242
2454
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 2436 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Mae Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Fred M. Martin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8 1870
(Month) (Day) (Year)

8. AGE: Year 73 Month 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Gardiner
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Martha Moore
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Jayne
(b) Address 2436 Delmar Granite City, Ill

17. (a) Removal (b) Date thereof 3-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) MAP 1 A (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 23 to Mar 11
1948 to 1948
that I last saw her alive on Mar 11 and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Kidney Absence with Stone formation Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy: Multiple Absence of Kidneys & Small Caliber Kidneys Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Brueck (M. D. or other) _____
Address 729 Maple St. Date signed 3/12/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2454

2454

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John Agonowski

Licensed Embalmer No.....

3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.