

FILED MAR 27 1944
 Registration District No. 318

Primary Registration District No. 1003

443

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution James L. Phillips
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 hours
 In this community 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Elmwood Clayton R.R. #2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mazie Martin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race 3 negro

6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife A.R. Martin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 3-1-1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 14
 If less than one day hr. no min. 0

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Elsam Green

13. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hubbard

15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant A.R. Martin

(b) Address Elmwood - Clayton R.R. #2

17. (a) Burial (b) Date thereof 3-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesterfield Mo

18. (a) Signature of funeral director J. J. Gable

(b) Address 22 Keweenaw

19. (a) MAR 17 1944
(Date received local registrar)

J. J. Gable
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
 year 1944 hour 2:25 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Intellectual asbestosis caused by a tumor mass in pelvis.

Due to Malignant tumor of right ovary

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

Major findings: _____
 Of operations _____
 Of autopsy _____

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)

Means of injury _____

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 3-17-44

Physician
 Underline the cause to which death should be charged statistically.

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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 _____

Licensed Embalmer No. 2027

P. O. Address Helster Gronis

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.