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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Blairtown Westmoreland  
State File No. 15873

FILED MAY 8 1944

Registration District No. 3070 Primary Registration District No. 3070 Registrar's No. 1013

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 428 Bradford St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Unknown years, months or days

**3. (a) PRINT FULL NAME** Martha E. Williams

**3. (b) If veteran,** name war ✓

**3. (c) Social Security** No. None

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** George B. Williams

**6. (c) Age of husband or wife if** deceased years

**7. Birth date of deceased** March 22 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>5</u>	hr. min.

**9. Birthplace** Coffeyville Kansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business**

**MOTHER, FATHER:**

**12. Name** T. C. Salveter, Sr.

**13. Birthplace** Unknown (City, town, or county) (State or foreign country)

**14. Maiden name** Unknown (City, town, or county) (State or foreign country)

**15. Birthplace** Unknown (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. D. S. George

**(b) Address** Webster Groves, Mo.

**17. (a) Burial** **(b) Date thereof** May 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Grove Cem. St. Charles

**18. (a) Signature of funeral director** H. C. Dallenbach

**(b) Address** 301 N. Second St. Charles, Mo.

**19. (a) MAY 2 - 1944** **(b) E. B. McSarran**  
(Date received local file) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 428 Bradford St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 27  
year 1944 hour 8 minute 30 A.M.

**21. I hereby certify that I attended the deceased from** April 24, 1944, to April 27, 1944;  
that I last saw h. or alive on April 27, 1944,  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Bronchio-pneumonia **Duration** 2 days

**Due to** Arteriosclerosis **Yrs.** \_\_\_\_\_

**Due to** Senility

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

**Of operations** \_\_\_\_\_

**Of autopsy** 107

**PHYSICIAN**

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 3

**23. Signature** Ellsworth A. Westrup (M. D. or other) MD

**Address** 214 E. Big Bend - Webb - Good **Date signed** 4-29-44

**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 E. Dallmeyer*

Licensed Embalmer No.

*2951*

P. O. Address

*St Charles Mo.*

**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.**