

FILED OCT 6 1944
Registration District No. 318

Primary Registration District No. 1003

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

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:
3456 S. Jefferson Ave
(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 Missouri (b) County Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3456 S. Jefferson Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl L. Martini

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 21 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 0 6 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Martini
13. Birthplace Minnesota
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Winkelman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Rapp
(b) Address 3456 S. Jefferson Ave

17. (a) Burial (b) Date thereof 9-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard
Wm. Schumacher

18. (a) Signature of funeral director _____
(b) Address 3013 Meramec St
SEP 29 1944

19. (a) (Date received local registrar) _____ (b) J. F. Bradeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day September
year 1944 hour 7:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 19 1944 to Sept 27 1944
that I last saw him alive on Sept 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
unfading heart
due to
due to
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature Wm. J. Smith (M. D. or other) _____
Address 4930 Diderich Date signed _____

844

Dr. F. O. Damm
36210 Albany
La. 70117

[Faint handwritten notes, possibly "SHE" and "11/11/17"]

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.