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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36170

Primary Registration District No. 4008

Registrar's No. 9843

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4907 Maryland
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bertha Louise Martin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1882 (Year)

8. AGE: Years 62 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation no

11. Industry or business

FATHER
12. Name James R. Martin.
13. Birthplace Jackson, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Mary Burns.
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Dr. Ruth Martin.
(b) Address 4907 Maryland

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg, Illinois

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) NOV 20 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1944 hour 2. minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1944, 19, to Nov. 19, 1944, 19; that I last saw her alive on Nov. 19, 1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinomatosis primary - recto-sigmoid — Duration

Due to 0

Due to

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

Major findings:
Of operations

Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. R. Bradley (M. D. or Coroner)

Address Barnes Hospital Date signed 11-20-44

(Licensed Embalmer's Statement on Reverse Side)

08 S.K. Bradley
Barnes Hosp.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.