

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1944
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10391
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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:
4561 Cottage 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 5 mos years, months or days)

3. (a) PRINT FULL NAME Laura Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 2 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan 4th 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Eggle Bend (City, town, or county) Miss (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER
12. Name Andrew Grant
13. Birthplace unk La (City, town, or county) (State or foreign country)

14. Maiden name Mary unk
15. Birthplace unk La (City, town, or county) (State or foreign country)

16. (a) Informant Walter Martin
(b) Address 4561 Cottage

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Redek
(b) Address 3133 Bell Ave

19. (a) DEC 5 1944 (b) J. F. Redek
(This is given local health officer) (Registrar's signature)

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. 4561 Cottage
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3
year 1944 hour 10 minutes 18 M.
21. I hereby certify that I attended the deceased from 1934 to Dec 3 1944
that I last saw her alive on Dec 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Due to _____
Due to 1/31
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 _____
23. Signature J. F. Redek (M.D. or other)
Address 26051 Franklin Date signed 12-5-44

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

WILLIAM ...

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 *J. J. ...*
Licensed Embalmer No. *2698*
P. O. Address *2769 ...*

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.