

FILED JAN 16 1945

State File No.

Registration District No. 317

Primary Registration District No. 3062

Registrar's No. 2591

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8717 East Pendelton 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 Mo. (b) County St. Louis **96**
(c) City or town Brentwood **9**
(If outside city or town limits, write "RURAL")
(d) Street No. 8717 East Pendelton Ave **1**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country hi

3. (a) PRINT

FULL NAME Martha Melvina Roark

3. (b) If veteran, name war None 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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 12, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 12 hr. min.

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

MOTHER FATHER

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Bengiman Sing

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

14. Maiden name Matilda

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

16. (a) Informant Ralph Roark

(b) Address 8717 East Pendelton, Brentwood

17. (a) Burial (b) Date thereof Dec. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood, Mo.

19. (a) DEC 30 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1944 hour 7:20 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Oct 10
1944 to Dec 23 1944
that I last saw her alive on 12/23/44 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage and myocardial failure
Due to Generalized arteriosclerosis many yrs.

Due to 8301
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.....
Signature John King (M. D. or other) MD
Address 2301 E. Big Bend Rd Date signed 12/25/44

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

JAN 22 1945

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.