. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4577

State File No. 1749

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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:
Enroute to Lutheran Hospital 3
(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 000 178

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

(d) Street No. 3313 Caroline St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lillian Agnes 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 Married /

6. (b) Name of husband or wife Michael Martin

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 19, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	11	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Harry Baldwin
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillian Hebbert
15. Birthplace Pennsylvania 1 (City, town, or county) (State or foreign country)

16. (a) Informant Michael Martin
(b) Address 3313 Caroline St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) FEB 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1945 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to Feb 20, 1945, that I last saw her alive on Feb 18, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum + General Metastasis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Inoperable Cancer of rectum
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edmund Bennett 0 (M. D. ~~or other~~)
Address 1504 So Grand Date signed 2/21/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bennett
1504 S Grand

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.