

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11538

State File No. _____
Registrar's No. **3905**

FILED MAY 12 1945

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 Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5319a Sutherland 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis Mo County Mo

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 5319a Sutherland Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada C 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 James V

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 13 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1
year 1945, hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from NOV
1943 to MAY 1 1945

that I last saw h. lw alive on April 30 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Carcinoma mediastinum Duration 4 mo

Due to Carcinoma left Breast 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER { 12. Name Vernon B Heslep

{ 13. Birthplace Columbia Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ada Flynn

{ 15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon V Martin

(b) Address 5319a Sutherland Ave

17. (a) Burial (b) Date thereof 5 4 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) MAY 2 1945 (b) J. Z. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: Above

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 0

23. Signature Thomas W Martin (M. D. or other) _____
Address 634 no grand Date signed 5-1-45

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..... *Edwin D Mc Dermott*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.