

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. **10003**
Registrar's No. **4688**

FILED JUN 19 1945
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1919 South Grand Boul.**
(If rural, give location) **17**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Martha M. Maier**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **26**
year **1945** hour **5** minute **20 A.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Emil X**
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from
4-1-45 19 **5-26-45** 19
that I last saw him alive on **5/26-45** 19
and that death occurred on the date and hour stated above.

7. Birth date of deceased **June - 9 - 1876**
(Month) (Day) (Year)
8. AGE: Years **68** Months **11** Days **17**
If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Hemorrhage**
hypertension
Due to **Hypertension**
Due to **Arteriosclerosis General**

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

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

10. Usual occupation **Home**
11. Industry or business
12. Name **Arthur Courte**
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
820

16. (a) Informant **Mrs. E. Courte**
(b) Address **3664 Washington**
17. (a) Entombment **Sunset Mausoleum**
(Burial, cremation, or removal) (b) Date thereof **May 29, 1945**
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation _____
18. (a) Signature of funeral director **Walter S. ...**
(b) Address **3634 Gravois Ave.**
19. (a) MAY 28 1945
(Date received local registrar) (b) **J. P. ...**
(Registrar's signature)

While at work? _____ (Specify type of place)
(2) Means of injury _____
23. Signature **R. K. ...** (M. D. or other) **5/26-45**
Address **4932 ...** Date signed _____

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.....

Frank J. England

Licensed Embalmer No.....

2645

P. O. Address.....

London

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.