

FILED JUL 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No.

6089

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:
Lutheran Hosp
(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 062
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 16
(d) Street No. 3734 Arsenal St
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Helen Agnes (Nellie) 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

Roy

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

61 years

7. Birth date of deceased

Mar

29

1886

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

59

3

12

hr.

min.

9. Birthplace

New Douglas

Ill /

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

at Home

12. Name

Wm Manion

13. Birthplace

Ireland

4

(City, town, or county)

(State or foreign country)

14. Maiden name

Bridget Cannon

15. Birthplace

Ireland

4

(City, town, or county)

(State or foreign country)

16. (a) Informant

Roy Martin

(b) Address

3734 Arsenal St

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

7 14 45

(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Peter Paul

18. (a) Signature of funeral director

Kriegshauser

(b) Address

4228 So. Kingshighway

19. (a)

JUL 13 1945

(Date received by local registrar)

(b)

J. F. Bredbeck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1945 hour 2.15 PM minute _____ M.

21. I hereby certify that I attended the deceased from May-25, 1945 to July-11, 1945.
that I last saw her alive on 7-11, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death

Emphysema

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy

Duration

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 D. S. Pruell (M. D. or other) _____

Address 6006 Va. ave Date signed 7-12-45

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

Mr. Leo Bantel
Luiso Bely
11-1 2-3

JAN 22 1932
JAN 3 1932

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.....

working under my personal supervision.

.....Registered Apprentice No.
Signed *Edwin M. Permath*

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.