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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

Registration District No. 1003

Primary Registration District No.

State File No. 39511

Registrar's No. 11736

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:
2703a LaSalle /
(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

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

(d) Street No. 2703a LaSallle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Goldie Rushing Martin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Aug. (Month) 5 (Day) 1897 (Year)

8. AGE: Years 48 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas / (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Wm. Rushing
13. Birthplace RedField (City, town, or county) Arkansas / (State or foreign country)

MOTHER
14. Maiden name Cora Lige
15. Birthplace Marniee (City, town, or county) Arkandas / (State or foreign country)

16. (a) Informant Goldie Wiley
(b) Address 2703 La Salle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 7 (Day) '46 (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine St.

19. (a) JAN 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1945 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 27, 1945 to Dec 29, 1945;
that I last saw her alive on Dec 29, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) 2 day

Due to Hypertension 7

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. E. G. Taylor (M. D. or other)

Address 3136 Chouteau Date signed 1/7/46

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 442

P. O. Address Mt Sinai N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.