DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39913

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10636

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5yrs 2mos 15ds. (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. City Infirmary-5800 Arsenal
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARHTA WASHINGTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race negress

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased June 10, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 26 If less than one day hr. min.

9. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business --

FATHER
12. Name Henry Robert
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Howard
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-45
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Rapidle & Son
(b) Address 3133 Bell ave

19. (a) DEC 7 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., 6 day
year 1945 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from July 1 1945, to Dec., 6, 1945
that I last saw her alive on Dec 6 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	2 das.
Cardiac Decompensation	5yrsx
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95

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 Anthony K. Bush (M. D. or other)

Address 5300 Arsenal St. Date signed 12/6/45

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 269

P. O. Address 27 [illegible]

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

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