

FILED MAY 31 1948

Registration District No. _____ Primary Registration District No. **1003**

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

17566

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:
Homer G. Phillips 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

3. (a) PRINT FULL NAME Edna Martin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Colored

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug. 10th 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Tunis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER {

11. Industry or business _____

12. Name John Smith

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Malindia Taylor

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

FATHER {

16. (a) Informant William Martin

(b) Address 917 N. 19th Street

17. (a) Burial
(Burial, cremation, or removed)

(b) Date thereof 5-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) MAY 20 1948
(Date received by local registrar)

J. F. Bradeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County osc

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

(d) Street No. 917 N. 19th Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1946 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Hypertension

Myocarditis

Due to _____

Due to _____

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

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Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Thomas F. Callaway (M. D. or other) 3

Address Corone Date signed 5-20-48

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 *John J. Petrus*
Licensed Embalmer No. *4184*
P. O. Address *St. Louis, Mo.*

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.