

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:
Firmin Desloge 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 April 29 to May 3-46
years, months or days

3. (a) PRINT FULL NAME Philomene Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Martin
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March, 12 1901
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Peter F. DeMoor

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

14. Maiden name Wilhelmina Koerper

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

16. (a) Informant John Martin

(b) Address 1933 Congress St.

17. Burial (a) Place: burial or cremation Mt. Olive Cemetery
(Burial, cremation, or removal) (b) Date thereof May 8, 1946
(Month) (Day) (Year)

18. (a) Signature of funeral director Henry J. Weidmann
(b) Address 6203 Gravois Ave.

19. (a) MAY 7 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1933 Congress
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1946 hour 12 minute 15 AM
21. I hereby certify that I attended the deceased from 6
_____, 1945 to 5-3- 1946
that I last saw her alive on 5-1- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

adipose disease 1812?

Due to Tuberculosis

Due to of the adrenal

Other conditions Results of post mortem
(Include pregnancy within 3 months of death)

Major findings not determined by
Of operations microscopic study

Of autopsy 7

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 John F. Bredeck (M. D. or other) M.D.
Address 3115 Date signed 5-6-46

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.....

J. Allen Davis Jr.

Licensed Embalmer No.....

4053

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.