

S. No. 2
M-5-43
5-17-39
I X36671

FILED AUG 7 5 1949

Primary Registration District No. 3062

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town BRENTWOOD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2521 HIGH SCHOOL ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME THERESA P. 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 JOSEPH PAUL MARTIN 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JANUARY 10, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 6 18 hr. min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOSEPH SAUERBUERGER

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

14. Maiden name THERESA BIERHALTER

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

16. (a) Informant JOSEPH P. MARTIN

(b) Address 2521 HIGH SCHOOL ST.

17. (a) SOCIAL (b) Date thereof 7/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL & PAUL

18. (a) Signature of funeral director M. J. Coughlan

(b) Address 7146 Manchester

19. (a) 8-1-46 (b) E. D. McDevaney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town BRENTWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 2521 HIGH SCHOOL ST.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28TH
year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1946 to July 28, 1946
that I last saw h. alive on July 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Hypertensive
Due to Cardio-Renal - Vascular Disease 3 yrs.

Due to 131-a

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

Major findings:
' Of operations _____

Of autopsy _____

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 _____

Signature Michael J. Gulek (M. D. or other) _____

Address Brentwood 17 mo Date signed 7-30-46

APR 21 1949

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

Elmo R. Padwell

Licensed Embalmer No.

4077

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.