

FILED MAR 31 1947 18

1003

3019

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME OAKIE 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 Divorced
6. (b) Name of husband or wife Clyde Martin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February 12th 1881
(Month) (Day) (Year)

8. AGE: 66 Years 1 Months 15 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Nathaniel Cocklreas

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

14. Maiden name Sarah (unknown)

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

16. (a) Informant Clarence Broughton

(b) Address 2008 N. 9th Street

17. (a) Burial (b) Date thereof Mar. 22nd 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4328 Natural Bridge Blvd.

19. (a) MAR 21 1947 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 S. Compton Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1947 hour 12:01 minute A M.

21. I hereby certify that I attended the deceased from 3/6/47
to 3/19/47
that I last saw her alive on 3/19/47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident Duration 1 wk
Due to Hypertensive Cardiovascular Disease 10 years
Due to _____

Other conditions (include pregnancy within 3 months of death) U/S

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 _____
23. Signature George Smith 1515 Lafayette St. (Address)
Date signed _____

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

MOTHER FATHER

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..... *Ralph C. Lindero*.....

Licensed Embalmer No..... *4275*.....

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.