S. No. 2
M—1/47
v. 5-17-39

903

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36046
Registrar's No. 9978

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: ST Louis City ~~24 Hours~~ Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 Hours (Specify whether years, months or days)
In this community: 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: ST Louis
(c) City or town: ST Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4130 Pleasant Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Theresa Rose Martin
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 10 (Day) 1879 (Year)
8. AGE: Years 68 Months 5 Days 18 If less than one day hr. min.
9. Birthplace: Austria (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Meyer
13. Birthplace: Austria (City, town, or county) (State or foreign country)
14. Maiden name: Katherene unknown
15. Birthplace: austria (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Marie Martin
(b) Address: 4130 Pleasant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 31/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Illmo, Mo
18. (a) Signature of funeral director: Bhisping Hopp Funeral Home
(b) Address: Illmo, Mo
19. (a) OCT 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 28 year: 1947 hour: 11 minute: 10 P.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.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Mitral Stenosis	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autops:	

PHYSICIAN — Underline the cause of 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: Patrick E. Taylor M.D. Coroner
Address: 1300 Clark Date signed: 10-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahnke

Licensed Embalmer No. 3417

P. O. Address St Louis

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.