No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39950

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10507

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: Barnes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Lawrence 999

(c) City or town Sumner 11
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME PEARL ELAINE 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 Married

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August (Month) 18 (Day) 1916 (Year)

8. AGE: Years 31 | Months 3 | Days 26 | If less than one day _____ hr. _____ min.

9. Birthplace Lawrence Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Marian Moore

13. Birthplace Lawrence Co. (City, town, or county) Illinois (State or foreign country)

14. Maiden name Lulu Martin

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Paul Martin

(b) Address Summner, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Sumner, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 14 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1947 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct 14, 1947, to Nov 14, 1947 that I last saw h. alive on Nov 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Paralytic ileus	
Due to Ulceration and perforation of lower jejunum	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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 0

23. Signature H R Bradley (M. D. or other)

Address Barnes Hospital Date signed 11/14/47

(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 Elmo R. Cadwell

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.