

S. No. 300
M-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10459
State File No. 2919
Registrar's No.

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution:
4374 Laclede
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(d) Street No. 4374 Laclede
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Frances C 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 Joe James 6. (c) Age of husband or wife if alive 20 - 1868

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Harriet to Clymer

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

14. Maiden name Edith (City, town, or county) (State or foreign country)

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

16. (a) Informant Jennie Walsh (b) Address 4374 Laclede

17. (a) Burial (b) Date thereof 3-28-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Missouri

18. (a) Signature of funeral director Rowland Mortuary Service 4104 Manchester

(b) Address _____

19. (a) MAR 25 1948 (Date received local registrar) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 3 minutes 10 am

21. I hereby certify that I attended the deceased from January 2, 1946, 19____, to March 25, 1948, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 days

Due to _____

Due to _____

Other conditions Cirrhosis of the liver 2 years (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

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 J. F. Brebeck (M. D. or other) M. D.

Date signed 3/25/48

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

MOTHER FATHER

6762



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. 2917

P. O. Address 27 Kenia 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.