S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2062

State File No. 10971

Registrar's No. 638

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old People's Home 5
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 660 Washington 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth 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 Widow 2

6. (b) Name of husband or wife Arba J. Martin

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

7. Birth date of deceased September (Month) 15 (Day) 1868 (Year)

8. AGE: Years 79 | Months 5 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Robertson Co. (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Luther M. Mullikin
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Emiline Shint
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant C.O.P.H. Records
(b) Address 6600 Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Attica, Ind.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 3-8-48 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 28-48, 19__, to Mar. 6-48, 19__; that I last saw her alive on Mar. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	10 days
Due to Hypertension	P.
Due to 93d	
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature J. R. Rogers (M. D. or other)

Address 607 N Grand Date signed 3.7.48

(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 Elmer P. 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.