S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14719
3360

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4646 N Market St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martha Thrist
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1882 (Month) (Day) (Year)
8. AGE: Years abt 66 Months — Days — If less than one day hr. min.
9. Birthplace Elliott Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
MOTHER FATHER
12. Name Jim Junior
13. Birthplace Elliott, Ark, (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Elliott Ark (City, town, or county) (State or foreign country)
16. (a) Informant Paul Thrist
(b) Address 4646 N. Market, St.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof ~~4/10/48~~ 4/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Camden, Arkansas
18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.
19. (a) APR 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 10 minute 45 p M.
21. I hereby certify that I attended the deceased from March 28, 1948 to April 3, 1948 that I last saw her alive on April 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Undet.
Hypertensive Heart Disease	
Due to	
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 4/5/48

(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 Arthur L. Herlliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.