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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 24121
Registrar's No. 5327

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital 0
(d) Length of stay: In hospital or institution 9 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County noo
(c) City or town St. Louis 17
(d) Street No. 3258a Ohio Ave. 9
(e) Citizen of foreign country? 0
If yes, name country

3: (a) PRINT FULL NAME Martha McKittrick

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, Widowed 2

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Oct. 17 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 22
If less than one day hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant William W. McKittrick

(b) Address 3244a Ohio Ave.

17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Heldler
(b) Address 3634 Gravois Ave.

19. (a) JUN 11 1948 (b) J.F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1948 to June 9 1948
that I last saw her alive on June 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Probably pulmonary embolism
Duration

Due to: H9

Other conditions: Recurrent cancer of ovary
(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? (c) Means of injury

23. Signature R. Berglund (M, D. or other)
Address 3203 S. Grand Date signed 6-11-48

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

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.