

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 664 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 No. 20th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MARTIN, IREATHA ELIZABETH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 6
year 1948 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from
11-12-46, 19, to 9-6-48, 19;
that I last saw her alive on 9-6-48, 19;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, Divorced Single

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

7. Birth date of deceased: June 16 1930
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Tuberculosis

Duration
4 yrs. (???)

8. AGE: Years Months Days If less than one day

18 2 21 _____ hr. _____ min.

Due to 136

Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Richard Martin

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

14. Maiden name Evie Tinsley

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records

(b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Care

18. (a) Signature of funeral director Boud Bras Funeral

(b) Address 2704 FINNEY AVE.

19. (a) 9-6-48 (b) Carl A. Z. Sharp MD
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature A. G. Russell, M.D. (M. D. or other) _____
Address Robert Koch Hospital Date signed 9/7/48

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 Edward A Flynn
Licensed Embalmer No. 4444
P. O. Address 4548² Page St

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.

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