

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34452

State File No. _____

FILED OCT 18 1948 818

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8647

1. PLACE OF DEATH:

(a) County St. Louis
 (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 Phillips Hos' 6
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days
 In this community Always (Specify whether years, months or days)

3: (a) PRINT FULL NAME Lucy M. Martine

3. (b) If veteran, name war No. 3. (c) Social Security No. Not any

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 30th, 1888.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>	<u>1988</u>	<u>3</u>	<u>2</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business Henry C. Campbell

MOTHER FATHER { 12. Name _____

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

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

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

16. (a) Informant Mrs. Thelma Walker.

(b) Address 4447 Kennerly Ave,

17. (a) Burial (b) Date thereof 10-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Moses Adams

(b) Address 3848 Windsor Place

19. (a) OCT 4 1948 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. L.
 (c) City or town St. Louis.
4447 Kennerly Ave.
(If outside city or town limits, write "RURAL")
 (d) Street No. 11 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
 year 1948 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 20 1948 to Oct. 2 1948
 that I last saw her alive on Oct. 2 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Undet.

Due to 601

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Hypostatic pneumonia

Major findings: Of operations _____

Of autopsy None

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 Yes (e) Means of injury 0

23. Signature Ernest J. Daniels (M. D. or other) _____

Address 2601 N Whittier Date signed 10/4/48

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 *F. A. Shear*.....

Licensed Embalmer No. 1963.....

P. O. Address 4214 Delmar Blvd......

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.