No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41665
Registrar's No. 10184

Registration District No. 318 Primary Registration District No. 1003

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

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: H. G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 96
(c) City or town Wellston, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6156 Minerva 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian M Martin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Martin
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec (Month) 19 (Day) 1904 (Year)

8. AGE: Years 43 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Pacific (City, town, or county) Mo (State or foreign country)
10. Usual occupation House-wife
11. Industry or business Own Home
FATHER
12. Name Alonzo W. Curtis
13. Birthplace Pacific, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Pates
15. Birthplace Pacific, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant William Martin
(b) Address 6456 Minerva
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page Blvd
19. (a) NOV 24 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1948 hour 10:05 minute AM.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Regional Ileitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 3
23. Signature Gilmore E. Taylor (M. D. or other)
Address Date signed 11/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Name

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 Clarence Crooms, Registered Apprentice No. _____, working under my personal supervision.

Signed Charles D. King

Licensed Embalmer No. 4989

P. O. Address 3847 Page 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.