. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42000

FILED DEC 31 1948

Registration District No. 377

Primary Registration District No. 3066

Registrar's No. 2005

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 440 Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 53 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 440 Lee 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARTHA E. GREENBERG

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 Married

6. (b) Name of husband or wife Charles S.

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Nov. 4 (Month) 1895 (Day) (Year)

8. AGE: Years 53 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Wood
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary I. Barrett
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. Charles Greenberg
(b) Address 440 Lee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Berger Memorial

18. (a) Signature of funeral director
(b) Address 4715 McPherson

19. (a) 12-13-48 (Date received local registrar) Thurid Lunner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 48 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from 8/12, 1948, to 12/9, 1948; that I last saw her alive on 12/9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1/2 hr.
Due to 94	
Due to	
Other conditions (Include pregnancy within 3 months of death): Coronary artery disease	4 mo.

Major findings:
Of operations
Of autopsy

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

23. Signature Raymond M Chamas (M. D. or other) M D
Address 634 N Grand Date signed 12/10/48

Jefferson City Printing Co. (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 Lewis L. Ludwig

Licensed Embalmer No. 4224

P. O. Address .....

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.