

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21405
5435

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>0-20</i>	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>21 - 1919 Biddle</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Philips</i>			

3. NAME OF DECEASED a. (First) <i>Bettie</i> b. (Middle) <i>Jane</i> c. (Last) <i>MARTIN</i>		4. DATE OF DEATH (Month) <i>6</i> (Day) <i>18</i> (Year) <i>49</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>0</i>	8. DATE OF BIRTH <i>Jan. 31 - 47</i>
9. AGE (in years last birthday) <i>2</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <i>St Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>	

13a. FATHER'S NAME <i>Jimmie Moore</i>	13b. MOTHER'S MAIDEN NAME <i>Erestine Marton</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Erestine Marton</i>	ADDRESS <i>1919 Biddle</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stasis Aqueumatics</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause, last.		
DUE TO (b) <i>Lymphatic</i>		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>64</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>2/3X</i>
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *1000 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. ...</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>6/20/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-24-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Brewwood -</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis city, Mo</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J B Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A D Richardson</i>	ADDRESS <i>2625 Glasgow</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

A. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.