

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 28335

318

1003

Registrar's No. 7102

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO.  |  | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.<br>b. COUNTY<br>Low |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis, Mo.  |  | c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis                                  |  | 17  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Homer G Phillips Hospital   |  |   |  | d. STREET ADDRESS (If rural, give location)<br>25 - 1315a Gay St.   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>Julia  |  | b. (Middle)   |  | c. (Last)<br>Martin   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>August 11 1949                          |  |
| 5. SEX<br>Female 3   |  | 6. COLOR OR RACE<br>Colored   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow 2   |  | 8. DATE OF BIRTH<br>Dec. 26, 1888   |  |
| 9. AGE (In years last birthday)<br>61  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housework   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>None   |  | 11. BIRTHPLACE (State or foreign country)<br>Unknown 9                              |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.   |  | 13a. FATHER'S NAME<br>Unknown   |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |  | 14. NAME OF HUSBAND OR WIFE<br>Deceased   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>No  |  | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Mildred Golladay 1315 <sup>A</sup> Gay St.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Hypertensive Heart Disease<br>Diabetes Mellitus |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Undet.  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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)<br>1071   |  | 21f. HOW DID INJURY OCCUR?<br>H43X  |  |
| 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"/>  |  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from 7-18, 1949, to 8-11, 1949, that I last saw the deceased alive on 8-11, 1949, and that death occurred at 4:15 a. m., from the causes and on the date stated above.       |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br>James J. Hedrick (Degree or title)<br>M. D.  |  |   |  | 23b. ADDRESS<br>2601 N. Whittier St.  |  | 23c. DATE SIGNED<br>8-11-49   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>Aug. 16, 1949  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Washington Park Cem.  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.                     |  |
| DATE REC'D BY LOCAL REG.<br>AUG 15 1949  |  | REGISTRAR'S SIGNATURE<br>J. B. Foster   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>C. J. Nash  |  | ADDRESS<br>3847 Page  |  |

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. J. Nash.....

Licensed Embalmer No. 2482.....

P. O. Address 3847 Page Blv......

**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.