

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19674

State File No. ....

5084

FILED JUN 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3614 Cottage</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle)	c. (Last) <b>Martin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 18 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 12, 1885</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Julius Watson</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Graham</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur</b>
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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 <b>Estell Steed</b>	ADDRESS <b>3614 Cottage St</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) <b>Cerebral Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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

22. I hereby certify that I attended the deceased from **5-13**, 19**53**, to **5-18**, 19**53**, that I last saw the deceased alive on **5-18**, 19**53**, and that death occurred at **6:50a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edna H. Brooks</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>5-18-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shuffled</b>	24b. DATE <b>May 21 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest City</b>	24d. LOCATION (City, town, or county) (State) <b>Forest City - Ark</b>
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DATE REC'D BY LOCAL REG. <b>MAY 20 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. H. Burles</b>	ADDRESS <b>3506 Franklin</b>
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**798** (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—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 myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

The J. Gandell

Licensed Embalmer No. 4342

P. O. Address Webster House

[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.