

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10532

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> <u>424X</u>	
c. LENGTH OF STAY (In this place) <u>2 mons</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2241-Huntington Ave.</u>		f. STREET ADDRESS (If rural, give location) <u>2241-Huntington Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>N</u> c. (Last) <u>Bray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1876</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Hebert Ciessel</u>	13b. MOTHER'S MAIDEN NAME <u>Stock</u>	14. NAME OF HUSBAND OR WIFE <u>Paul A. Bray</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-09-528X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul A. Bray</u>	ADDRESS <u>2241-Huntington Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hemorrhage</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Abdominal Carcinomatosis</u>		<u>5 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Left Ovarian Carcinoma</u>		<u>5 years +</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatosis of abdomen.</u>	175X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 31 Jan, 1955, to Death, 1955, that I last saw the deceased alive on 20 Feb, 1955, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul R. Whitener</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2403 Brown St. Louis (14) Mo</u>	23c. DATE SIGNED <u>22 March 55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>3-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/23/55</u>	LOCAL REG. <u>Hebeck R. Lambert</u>	REGISTRAR'S SIGNATURE <u>Barbara Ann ...</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Barbara Ann ...</u>	ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>
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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.....
Signature of Student Embalmer

Signed *Oscar ? Muller*.....

Licensed Embalmer No. *303*.....

P. O. Address *Oreland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.