DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3799

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 76

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Benton (If outside city or town limits, write "RURAL")
(d) Street No. 109 Hudelson St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Etherton
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alonzo
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 25 (Day) 1897 (Year)
8. AGE: Years 42 Months 7 Days 16 If less than one day hr. min.
9. Birthplace Benton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Frank Hickman
13. Birthplace Benton (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Belle Browning
15. Birthplace Benton (City, town, or county) Illinois (State or foreign country)
16. (a) Informant's own signature A.E.Etherton
(b) Address Benton, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Benton, Ill.
18. (a) Signature of funeral director Albert H.Hoppe.
(b) Address 4700 Washington Ave.
19. (a) JAN 11 1940 (Date received local registrar) (b) W R Mey MD SPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th year 1940 hour 7 minute 15 A M.
21. I hereby certify that I attended the deceased from Dec 18, 1939, to Jan 11 - 1940
that I last saw her alive on Jan 10, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to General Carcinomatosis	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Cancer of Liver	
Of autopsy	

PHYSICIAN — Underline the cause to 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?
While at work? (Specify type of place) (e) Means of injury
23. Signature John W Stewart (M. D. or other)
Address Wester Bldg [illegible] Date signed 1-11-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39

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.....

Wilford Burnley....., Registered Apprentice No. 1,

working under my personal supervision.

Signed Albert F Hoffman

Licensed Embalmer No. 2971

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, above space should be left blank.