

Registration District No.

1002

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 days
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME

Luther Morton 6358. (b) If veteran,
name war _____8. (c) Social Security
No. 499-01-86374. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if
alive 41 years7. Birth date of deceased May 5 1900
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
39 5 24 hr. min.9. Birthplace Columbus Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Labor11. Industry or business I.W.P.A.12. Name Luther Martin13. Birthplace Columbus Miss.
(City, town, or county) (State or foreign country)14. Maiden name Not known15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Martin(b) Address 1013 Ohio17. (a) Burial (b) Date thereof 11 4-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washburn Park18. (a) Signature of funeral director J.P. Richards(b) Address 26 25 Glasgow19. (a) NOV 3 1939 (b) J.F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1013 Ohio St. 22
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1939 hour 8:20 minute A. M.21. I hereby certify that I attended the deceased from
9-27- 1939 to 10-29 1939that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive Heart Disease
with Decompensation Duration about 2 yrs.

Due to _____

Due to Uremia, caused by
arteriosclerosisOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
Means of injury _____23. Signature G.E. Place (M. D. or other)
Address 2601 N. Whittier 10-30-1939
Date signed

WHILE PREPARING DEATH RECORD 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.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. P. Richardson

Licensed Embalmer No.

2928

P. O. Address

7625 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, above space should be left blank.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF EXACT MEASUREMENTS
MEMPHIS, TENNESSEE

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37382
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 791
 (b) Township St Louis Primary Registration District No. 1003 Registered No. 9421
 (c) City St Louis (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Luther merton MARTIN

(a) Residence, No. _____ St. Lockport
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS 39 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-39
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 FATHER 13. NAME Luther Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Mary Martin
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____
 19. FUNERAL DIRECTOR _____
 (ADDRESS) _____
 20. FILED 2-27-40 19____ J. B. Bredack
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. E. Pease, M. D.
 (Address) 2601 N. Whittier

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