

JAN 12 1940

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10479

1. PLACE OF DEATH: 1000 2
 (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:
5047 Genevieve Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
7 yrs (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME William James Martin 635
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Molly Martin 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 17, 1854
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Wilson County Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business for self

MOTHER FATHER { 12. Name Zadock Martin

13. Birthplace unknown Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Tennessee Hall

15. Birthplace unknown Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. N. Martin
 (b) Address 5047 Genevieve

17. (a) Burial (b) Date thereof Dec. 8, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director P. Nichl - Son

(b) Address 1150 No. Kingshighway

19. (a) DEC 7 1939 (b) J. J. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. 5047 Genevieve Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
 year 1939 hour 2 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Dec. 5th P. M.
1939 to Dec. 6th 1939

that I last saw him alive on _____ and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis Duration _____

Due to Senility
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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) No
 (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) (d) Means of injury 1 m
 23. Signature [Signature] (M. D. or other) _____
 Address 4981 [Address] Date signed 2-7-39

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.