

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

3099

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 125

8. (a) PRINT FULL NAME Charles C. T. Wall Martin

8. (b) If veteran, name war _____ 8. (c) Social Security No. 494-01-0417

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Martin 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 0 _____ hr. _____ min.

9. Birthplace Carmi Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Motorman

11. Industry or business Public Service Co.

12. Name Unk Martin

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

14. Maiden name Unk
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte Martin
(b) Address 1512 a S. 39th St.

17. (a) Burial (b) Date thereof 4/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carmi Ill.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 7125 Lafayette

19. (a) APR 3 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1512a S. 39th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration and Extracranial Hemorrhage of Brain; Fractured Skull; suffered when deceased fell off a 2 x 4 that he was using to left te rear end of his automobile, in his Due to garage in the rear of 3863 Folsom Avenue, on March 31st, 1940, Other conditions at about 2:10 P.M. (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] Of autopsy [Signature]

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) Accident
(b) Date of occurrence Mar. 31st, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In or about home

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 4-3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Jose B. Rollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.