

FILED AUG 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6400**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 12 years years, months or days)

3. (a) PRINT FULL NAME James Martin 635

3. (b) If veteran, 495-16-4095 name war. No 3. (c) Social Security No. None

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Mary W. Martin 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased May 19 1920 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace MC NARY LA (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Frank Martin

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

14. Maiden name Addie Moore

15. Birthplace Wichita LA (City, town, or county) (State or foreign country)

16. (a) Informant Ethel M Murray

(b) Address 3666 Finney Ave

17. (a) Burial (b) Date thereof 8-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. W. General Home

(b) Address 2820 Stoddard ST

19. (a) JUL 30 1940 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis (If outside city or town limits write "RURAL") 11
(d) Street No. 3666 Finney (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 3:15 minute A.M.

21. I hereby certify that I attended the deceased from July 17 1940 to July 28 1940; that I last saw him alive on July 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction (Postoperative) Duration 10 days

Due to acute appendicitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy _____

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 1

23. Signature E. A. Mc Dowell (M. D. or other)

Address 2601 N Whittier Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. Boy

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

Signed

Lorraine Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis

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.