

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 48

1. PLACE OF DEATH:

- (a) County Ste Genevieve
 (b) City or town Ste Genevieve
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution.
- 2
-
- (Specify whether

In this community...
years, months or days)3. (a) PRINT FULL NAME HENRY CHARLES MARTIN3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married,
divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive... years7. Birth date of deceased. Sept 29 1940
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 0 15 hr. min.9. Birthplace Ste Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Oliver Martin
 13. Birthplace St. Mary's Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Hella Rohm
 15. Birthplace Ste Genevieve Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Martin
 (b) Address Ste Genevieve MO
 17. (a) Burial (b) Date thereof Sept 30 40
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve MO
 18. (a) Signature of funeral director Leslie Bagler
 (b) Address Ste Genevieve MO

19. (a) Sept 30/40 (b) T. W. Douglas
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO.
- (b) County
- Ste. Gen.

(c) City or town Ste. Genevieve Mo
(If outside city or town limits, write "RURAL")(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept/30 day 30
year 1940 hour 9 minute 30 P.M.21. I hereby certify that I attended the deceased from Sept. 29
1940, to Sept. 30, 1940that I last saw him alive on Sept. 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature Birth.
5 1/2 months.

Duration

Due to

Due to

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

23. Signature Arthur E. Swaney (M. D. or other) M.D.
Address Ste. Genevieve MO Date signed 9-30-40

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.....

Licensed Embalmer No.....

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.