No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40215

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 9986

FEB JAN 15 1941

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

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: De Paul Hosp. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 1361 Granville Pl. (If rural, give location)

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

3. (a) PRINT FULL NAME Hayward Leon Martin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 22 (Day) 1940 (Year)

8. AGE: Years | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Bowling Greeen (City, town, or county) Ky (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Woodrow Martin
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Ruby Mae Skillerns
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Woodrow Martin

(b) Address 1361 Granville Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Ky

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd

19. (a) DEC 5 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1940 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from Dec 4th 5 PM, 1940, to Dec 4th 11 PM, 1940; that I last saw him alive on Dec 4th 5 PM, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: acidosis caused by upper respiratory infection

Due to Dehydration and upper Respiratory

Due to Infection, cause unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.