

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital #1
(d) Length of stay: In hospital or institution. 14 Days
In this community
years, months or days

3. (a) PRINT FULL NAME Louis Martin

3. (b) If veteran, name war Nil
3. (c) Social Security No. 488-05-4502

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

6. (b) Name of husband or wife Louisa Martin
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 16, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 29 hr. min.

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

10. Usual occupation Dishwasher

11. Industry or business Mark Twain Hotel

12. Name Joseph Martin

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

14. Maiden name Mary Bradshaw

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

16. (a) Informant Louisa Martin

(b) Address 412 N. Sarah

17. (a) Burial (b) Date thereof 6/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill C metery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 17 1941 (b) J. W. Bradshaw
(Local health registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis
(d) Street No. 412 N. Sarah
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 7:45 minute. A. M.

21. I hereby certify that I attended the deceased from June 2, 1941 to June 15, 1941
that I last saw him alive on June 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder - Urinary Duration

Due to Bilateral Pyelonephritis without Stones

Other conditions 52
(Include pregnancy within 3 months of death)

Major findings: Of operations 512
Of autopsy 512
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?
(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 J. W. Bradshaw (M. D.)
Address 1515 Lafayette Avenue Date signed 6/16/41

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.....

Florenz Eymck

Licensed Embalmer No.....

P. O. Address.....

*1384
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, fact should be so stated above.