

Filed Oct 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 22-12
(If outside city or town limits, write "RURAL")
(d) Street No. 2725^{1/2} Clark Avenue 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
No Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
year 1941 hour 1 minute 55 a.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.

3. (a) PRINT FULL NAME Julius Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-16-0402

4. Sex Male 9 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Retha Martin 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April 6, 1915
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 30
If less than one day hr. min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Martin
13. Birthplace Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Johnson
15. Birthplace Columbus Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Mc Cune
(b) Address 2213 Randolph Street
17. (a) Burial (b) Date thereof 9-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Avenue

19. (a) SEP 8 1941 (b) J. Quebeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death:
Amputation of the right arm for Gas Gangrene following shotgun wound of the right arm inflicted at the hands of one Thomas Benjamin Cushman Sr. Cal. in the year of 11th Palm St. South-East corner about 945 Pm Sept 2-1941

Major findings:
Of operations 166
Of autopsy 113

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) Homicide
(b) Date of occurrence Sept 2-1941
(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?
No Public Place
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature Thomas F. Callanan M.D. or other _____
Address Deputy Coroner Date signed 9/8/41

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

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.....

G. A. Rice

Licensed Embalmer No. *2963*

P. O. Address.....

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.