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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19802

Registrar's No. 5969

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:
1606 Belt Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17 0 6

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

(d) Street No. 1606 Belt Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM C. MARTEN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Clara Marten.

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 18, 1856.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	1	25	hr. min.

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

10. Usual occupation Retired Street Repair Dept.

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or country) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont know. (City, town, or country) 9 (State or foreign country)

16. (a) Informant Mr. Chauncy Marten.
(b) Address 3334 Carson Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUL 14 1942 (Date received local registrar) (b) J. F. Obedich (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th. year 1942. hour 6 minute P.M. M.

21. I hereby certify that I attended the deceased from July 10 — 1942 to July 13th 1942 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis (Acute)	2 hrs
Due to Nephritis (chronic)	5 yrs
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 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 Geo. W. Trisman (M. D. or other)
Address 9532 Washington Date signed

Dr. G. W. Tremain.
3532 Washington Ave.
12 to 2 P.M.
Franklin 8740

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 Howard A. Rowland

Licensed Embalmer No. 8114

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.