V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

000
17
9

WRITE 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. 19805

Registrar's No. 5921

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:
5420 Walsh St. /
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5420 Walsh St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter L. Martin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Frances Martin

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. (Month) 21st (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days ~~20~~ 21 If less than one day hr. min.

9. Birthplace Donovan County (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Meat Inspector

11. Industry or business U.S. Government

FATHER
12. Name T.H. Martin
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Sarah Pierce
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Frances Martin
(b) Address 5420 Walsh St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 13 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1942 hour 8 minute P.M. M.

21. I hereby certify that I attended the deceased from May 9, 1938, to July 12, 1942
that I last saw him alive on July 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Carcinoma of Prostate Carcinoma of Bone	
Due to 51 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Prostate Primary in Prostate	
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 0

23. Signature Harold Liheff (M. D. or other)
Address 607 N. Grand Date signed 7/13/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1942

Dr. Harold Scheff
U. Club 9-12 P.M.

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 Edwin H. McNermott

Licensed Embalmer No. 3024

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, fact should be so stated above.