S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22947

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6517

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: 1010 High Point Pl.
(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:

(a) State Mo (b) County 000 17
(c) City or town St Louis 4 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 High Point Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Lester Martin,

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-2119

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lillian Martin,

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

7. Birth date of deceased July (Month) 28th (Day) 1893 (Year)

8. AGE: Years 49 Months 0 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business Curtis-Wright

FATHER
12. Name Joseph Martin,
13. Birthplace Cinn (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Matilda Martin,
15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Lillian Martin,
(b) Address 1010 High Point Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) AUG 1 1942 (Date received local registrar) (b) J. F. Bueche (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1942 hour 6:15 minute A.M.

21. I hereby certify that I attended the deceased from 1941 to August 1st 1942 that I last saw him alive on August 1st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	2 hrs
Due to Angina pectoris	14 hrs
Due to Arteriosclerosis generalized	
Other conditions (Include pregnancy within 3 months of death) None	

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: No
(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

Signature Fred W. Clark (M. D. or other) M.D.
Address 866 Hamilton Date signed 8-1-42

(Licensed Embalmer's Statement on Reverse Side)

23/43

FEB 23 1949

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: Louis H Papp

Licensed Embalmer No. 921

P. O. Address: Kirkwood

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.