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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32218

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8959

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State St Louis (b) County 12

(c) City or town 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 Biddle Street (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Augustus Martin

3. (b) If veteran, name war

3. (c) Social Security No. NO

4. Sex Male

5. Color or race negro 2

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

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

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Greenville (Month) South Carolinia (Day) (Year)

8. AGE: Years About 55 | Months | Days | If less than one day hr. min.

9. Birthplace Greenville, South Carolinia (City, town, or county) (State or foreign country) 1

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name Leslie Martin
13. Birthplace South Carolinia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Hattie Warbuck
15. Birthplace S. C. (City, town, or county) (State or foreign country) 1

16. (a) Informant Edith Martin

(b) Address 1500 Biddle Stree Apt 534

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks National Cem.

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Luvas Ave

19. (a) OCT 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 42 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-12-42 to 10-23-1942 that I last saw him alive on 10-23-42 and that death occurred on the date and hour stated above.

Immediate cause of death Lustric Heart Disease

Due to

Due to 30 [illegible]

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged Heart, nephrosclerosis, generalized edema

Duration

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 L. S. Davis (M.D. or other) M.D.

Address 1536 Papin Date signed 10-24-42

(Licensed Embalmer's Statement on Reverse Side)

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 .....,

working under my personal supervision.

Signed Arthur Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 a Delma

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.