V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39075

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10503

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: 3910 Lincolon
(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 65 Years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 9/11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3910 Lincolon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William M. Martin
3. (b) If veteran, name war None
3. (c) Social Security No. 493-03-7153
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Martin
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March (Month) 10. (Day) 1874. (Year)

8. AGE: Years	Months	Days	If less than one day
68	9	4	hr. min.

9. Birthplace Gardenville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Tool And Dye Maker
11. Industry or business Emmerson Electric Co.
FATHER 12. Name Joseph Martin
13. Birthplace Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Wallace
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Mary E. Martin
(b) Address 3910 Lincolon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge
19. (a) DEC 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14, year 1942 hour 11 minute 40p M.
21. I hereby certify that I attended the deceased from 9/28/37, 19..., to 12/14/42, 19...; that I last saw h. alive on 12-7-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Failure — Duration 15 min
Ventricular Fibrillation
Due to Chronic myocarditis — 3 yrs
Auricular Fibrillation
Due to Sino-Auricular Block
Other conditions (Include pregnancy within 3 months of death): Senility & Hypertension
Major findings: Of operations None
Of autopsy None

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 Walter H. Hoffmann M.D. (M. D. or other)
Address 2602 S. Grand Date signed 12/15/42

(Licensed Embalmer's Statement on Reverse Side)

B

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. Sheldon Collier

Licensed Embalmer No. 3382

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.