

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32570

State File No.

FILED OCT 9 1943 17

Registration District No.

Primary Registration District No. 3063

Registrar's No. 2240

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 0
(Specify whether years, months or days)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 6810 Natural Bridge Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Carl S. Martin

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 20 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26 2 10 hr. min.

9. Birthplace Summerville, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business

12. Name William Martin

13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tony Turnbaugh

(b) Address 6810 Natural Bridge Ave.

17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jefferson, Bar. Public place

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 10-5-43 (b) G. M. Lawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1943 hour 12:30 minute A M.

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

Immediate cause of death Struck by an auto-
mobile while a pedestrian on a
public highway.
Due to Multiple lacerations, con-
tusions & abrasions; Fracture
Due to both legs; Perforation of
heart.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Yes.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide.

(b) Date of occurrence Sept. 30, 1943

(c) Where did injury occur? 6800 Natural Bridge Rd.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (e) Means of injury

23. Signature H. S. Gray Deputy Coroner
(M. D. or other)
Address Kirkwood, Mo. Date signed 10-1-43

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

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701 (Licensed Embalmer's Statement on Reverse Side).

NOV 29 1948

FEB 16 1948

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 Felix Dinand
Licensed Embalmer No. 3034
P. O. Address Kirkwood 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.