S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33327

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8973

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5916 Park Lane /
(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 97
(If outside city or town limits, write "RURAL")
(d) Street No. 5916 Park Lane Ave.
(If rural, give location)
(e) Citizen of foreign country? J (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlotte Martin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence B Martin Sr.

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

7. Birth date of deceased Oct. 8th 1878 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Seidl
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)
14. Maiden name Anna Frey
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant John Martin
(b) Address 5916 Park Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) OCT 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 17, 1942 to Oct. 10, 1943 that I last saw h.e. alive on Oct. 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	6 mos.
Due to gall stones and	
Carcinoma of gallbladder	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations carcinoma gallbladder
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 D

23. Signature Arthur Bruce (M. D. or other) M.D.
Address 2202 University Date signed 10/11/43

(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 No.....

working under my personal supervision.

Signed. Albert W. Hampe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.