

ED JAN 8 1944 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11550

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:
4739 St. Louis Ave. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 176
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4739 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Martin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Riordan Martin 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 26 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 25 _____ hr. _____ min.

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

10. Usual occupation Retired Fireman

11. Industry or business _____

12. Name William Martin

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rodgers

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

16. (a) Informant Mrs. Belle Martin
(b) Address 4739 St. Louis Ave.

17. (a) Burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) DFC 22 1043 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 21
year 1943 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec. 16, 1943 to Dec. 20, 1943
that I last saw h im alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration 10 days.

Due to Myocarditis Chr.

Due to Arteriosclerosis
Heart motor failure

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) M. D.
Address 5899 Delmar Date signed 12-23-43

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

MOTHER FATHER

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

Frank H. Stief

Licensed Embalmer No. 2265

P. O. Address 460 N. Bridge

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.