

FILED FEB 27 1944

Registration District No.

318

Primary Registration District No.

9903

## 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:  
4600 Alaska Ave. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... life (Specify whether  
 year, months or days)

3. (a) PRINT FULL NAME Frederick David Martin3. (b) If veteran,  
name war..... XX3. (c) Social Security  
No. 489-18-1103

4. Sex Male 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife..... Elizabeth Martin 6. (c) Age of husband or wife if  
alive 70 years  
7. Birth date of deceased March 5 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 10 11  
hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Pattern maker  
11. Industry or business Wagner Electric Co.

MOTHER FATHER { 12. Name David Martin  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Fischer  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Martin  
(b) Address 4600 Alaska Ave.

17. (a) Burial (b) Date thereof Jan 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director J. L. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.19. (a) JAN 18 1944 (b) J. Ziegenhein  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4600 Alaska Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1944 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from  
December 11, 1944 to January 16, 1944  
 that I last saw him alive on January 11, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Myocarditis 2 Mo  
 Duration

Due to.....

Due to.....

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) (City or town) (County) (State)  
Means of injury.....23. Signature Dr. Heath (M. D. or other) MD  
Address 439 Dute Date signed 1/19

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**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.....

*B. P. Kidwell*

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

**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.**