

FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4724

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:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo-10 days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Henry Martin

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

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Janie 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Feb 21 1873
(Month) (Day) (Year)8. AGE: Years 71 Months 2 Days 29 If less than one day hr. min.9. Birthplace Tracy Mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired Barber

11. Industry or business

12. Name Daniel Boun Martin13. Birthplace Mo
(City, town, or county) (State or foreign country)14. Maiden name Mary June Clark15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant Janie Martin(b) Address 2716 Rutger17. (a) Burial (b) Date thereof 5-2
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Tracy Mo18. (a) Signature of funeral director A. Wron & Co(b) Address 3787 W. Grand19. (a) MAY 22 1944 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2716 Rutger
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1944 hour 11 minute 05 P.M.21. I hereby certify that I attended the deceased from April 10th
1944, to May 20th, 1944
that I last saw him alive on May 20th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Due to

arteriosclerosis

Due to

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

Major findings:

Of operations.....

Of autopsy Refused

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) (c) Means of injury

23. Signature Tracy J. Bredbeck (M.D. or other) 5/22/44
Address 1515 Lafayette Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Emb. cert. filed separately

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.....

Licensed Embalmer No.....

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.