

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: 219 So. 22nd St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 4 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 2279  
(If outside city or town limits, write "RURAL")  
(d) Street No. 219 So. 22 street  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John Martin

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September 22nd 1940  
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name George Martin

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

14. Maiden name Mable Johnson

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

16. (a) Informant Mable Johnson

(b) Address 219 So. 22 Street

17. (a) Burial (b) Date thereof 6/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor ave

19. (a) JUN 20 1944 (Date received local registrar) J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1944 hour 12 noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of Brain  
suffered when Deceased fell from  
Due to 4th floor window at his home  
at 219 So. 22nd St on June 18-1944  
Due to at about 10:40 am

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) Accident

(b) Date of occurrence 6-18-44

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place) (e) Means of injury fall

23. Signature James J. Breda J. F. Breda  
Address 1309 Clark Date signed 6/20/44

