

FILED JUN 30 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **5551**

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:
2605 DeKalb St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Rupert Phonso Martin**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jaretta M. Martin** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Oct ? 1866**
(Month) (Day) (Year)

8. AGE: Years **27** Months **8** Days **?** If less than one day hr. min.

9. Birthplace **Greenville Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Alney Martin**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Duvall**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jaretta Martin**
(b) Address **2605 Dekalb St.**

17. (a) **Burial** (b) Date thereof **June 20, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. Marcus Cemetery**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **JUN 19 1944** (Date received local registrar)
G. F. Bueckel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **239**
(d) Street No. **2605 DeKalb St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1944** hour **5:20** minute **17** M.

21. I hereby certify that I attended the deceased from **Jan 3**
19 **44** to **June 17**, 19 **44**

that I last saw him alive on **June 17**, 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach** Duration

Due to **HO**

Other conditions **Chronic Prostatic Hypertrophy**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **none**

(a) Accident, suicide, or homicide (specify) **none**
(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) Manner of injury
23. Signature **D. J. ...** (M. D. or other) **MD**
Address **2105 S. Broadway** Date signed **6/19/44**

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

2
43
39
37823

210 R S. Buckley

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

Nancy A. Stewart

Licensed Embalmer No. 3722

P.O. Address. 412 Duchouquette St.

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.