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V. S. No. 2
50M-9-4-41
Rev. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6497

1. PLACE OF DEATH:

(a) County: St. Louis Missouri

(b) City or town: St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days
(Specify whether)

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
17

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 2707 Clark
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Mac C. Martin Jr.

3. (b) If veteran, name war: _____

3. (c) Social Security No: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1944 hour 10 minute 50 P.

21. I hereby certify that I attended the deceased from July 13, 1944 to July 22, 1944
that I last saw him alive on July 22, 1944
and that death occurred on the date and hour stated above.

4. Sex: M

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: July 13 1944
(Month) (Day) (Year)

Immediate cause of death: Premature birth (8 mo.)

Due to: Syphilis

Due to: Diarrhea

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

Major findings: _____
Of operations: _____

Of autopsy: Pneumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>-</u>	<u>-</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: Martin Mac C

13. Birthplace: Varner Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Olivia Lang

15. Birthplace: Newton Miss 1
(City, town, or county) (State or foreign country)

16: (a) Informant: Mac C. Martin

(b) Address: 2707 Clark

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: 7/24/44
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Blum Funeral Home

(b) Address: 215 So. Jefferson

19. (a) JUL 24 1944
(Date received local registrar)

J. F. Bredak
(Registrar's signature)

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: 0

23. Signature: E. B. Broome (M. D. or other) md.

Address: 1536 Papin St.

Date signed: 7/24/44

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

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. *219*

P. O. Address *2719 Chouteau*

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.