

S. No. 2  
M-5-43  
v. 5-17-39  
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#34528  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 16 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4576  
State File No. \_\_\_\_\_  
Registrar's No. 1055

Registration District No. 318 Primary Registration District No. 1003

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution 1-day Memorial  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2125 Benton St.  
(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. John Martin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /  
6. (b) Name of husband or wife Margaret Martin 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Nov. 18th., 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 1 13 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

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

12. Name Patrick Martin

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brady  
(City, town, or county) (State or foreign country)

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Martin

(b) Address 2101 N. Broadway

17. (a) Burial (b) Date thereof 2-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) FEB 2 1945 (b) J. A. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 31st  
year 1945 hour 7:45 minute P. M.  
21. I hereby certify that I attended the deceased from 1/31/45  
to 1/31/45  
that I last saw him alive on 1/31/45  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Tuberculosis  
(Include pregnancy within months of death)  
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) \_\_\_\_\_  
(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 \_\_\_\_\_  
23. Signature James J. [unclear] M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette St. Date signed \_\_\_\_\_

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linnell

**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.**