

FILED FEB 24 1948
Register's Office

Primary Registration District No.

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4561 Cottage Ave. Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas Gardner Martin

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

4. Sex Male 2 | 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Martin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 4 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Livington Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Martin
13. Birthplace Livington Ala. 1
(City, town, or county) (State or foreign country)
14. Maiden name Laura unknown
15. Birthplace Livington Ala. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Walter Martin
(b) Address 4561 Cottage Ave.

17. (a) Burial (b) Date thereof 2 14 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Walter Wade
(b) Address 4202 Finney Ave.

19. (a) FEB 12 1948 (b) J. F. Waddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4561 Cottage
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1945 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Jan 10 1945
that I last saw him alive on Jan 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Prostate Duration 9 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. F. Waddeck (M. D. or other) _____
Address 605A Franklin Date signed 2-12-48

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

Robt. L. Comm 11/95, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 4362

P. O. Address: 4040 Aldine

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.