

FILED APR 6 1945

Registration District No. _____

818

Primary Registration District No. _____

1003

Registrar's No. _____

2661

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:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 yrs. 7 Mos. (years, months or days)

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. 5351 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry 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 2 W
6. (b) Name of husband or wife Margaret Elmore 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 22 _____ hr. _____ min.

9. Birthplace Kahoka, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business Jeweler

MOTHER FATHER { 12. Name David C.
13. Birthplace Ohio (City, town, or county) (State or foreign country) 1
14. Maiden name Janitia Johnson
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

16. (a) Informant _____

(b) Address IVA HIRSCH, 5351 Delmar Blvd

17. (a) Burial (b) Date thereof 3-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) MAR 22 1945 (Date registered local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 20, 1945 to March 23, 1945

that I last saw him alive on March 22, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Lobar Pneumonia 13 day

Due to _____

Carcinoma of Prostate 4 Mo.

Due to _____

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

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 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 Alton Thompson (M. D. 1926-45)

Address 5087 Grand Blvd Date signed _____

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 Albert G. Haffner
Licensed Embalmer No. 2971
P. O. Address.....

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.