

20
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4100 Detonty Street, /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 4100 Detonty Street
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Herman Leslie Marten
 3. (b) If veteran, name war No.
 3. (c) Social Security No. 494-01-5703

4. Sex Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Pearl Blanche Marten alive..... years
 6. (c) Age of husband or wife if
 7. Birth date of deceased..... March 21, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>4</u>hr.min.

9. Birthplace Carbondale, Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Thompson Biscuit Co.

MOTHER FATHER

12. Name Wm. C. Marten,
 13. Birthplace Carbondale, Ill. /
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Robinson
 15. Birthplace Clarksville, Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant R. A. Thompson, Sr.
 (b) Address 6306 Pernod Avenue

17. (a) Burial (b) Date thereof 4/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
 (b) Address Clayton Rd. at Concordia Lane

19. (a) APR 27 1945 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 25,
 year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 13, 1944 to April 25, 1945
 that I last saw him alive on April, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Myelogenous Leukemia ?
 Duration.....

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy..... No autopsy
 Underline the cause to which death should be charged statistically.

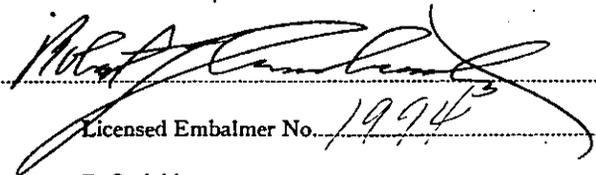
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Hiram L. Higgett (M. D. JEROME)
 Address Beaumont Bldg. Date signed 4/26/45

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. 1994³

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.