

S. No. 2
 FORM 25-43
 REV. 5-17-39
 I X36671

FILED SEP 8 7 1945

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7626

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

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Overland
(If outside city or town limits, write "RURAL") ^{NR/3}

(d) Street No. 2335-Wallis Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) ¹
 If yes, name country _____

3. (a) PRINT FULL NAME Herbert Leo Martin

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 494-01-1070

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Tillie 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 12 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
 year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 24
1945 to 8-29 1945

that I last saw h. alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Pulmonary embolus ^{few hours.}

Due to Hypertensive heart disease ^{4 mo}

Due to Ch. bilateral pyelo nephritis ¹³¹

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Sedalia Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Public Service

MOTHER FATHER { 12. Name Frank A. Martin

13. Birthplace Benjamin Kans. /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Brady

15. Birthplace Sedalia Mo. / 0
(City, town, or county) (State or foreign country)

Major findings: none

Of operations none

Of autopsy as above

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Tillie M. Martin

(b) Address 2335-Wallis Ave-Overland

17. (a) Burial (b) Date thereof 9-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter-Pauls

18. (a) Signature of funeral director Baumann Brothers and Co Inc

(b) Address 2504-Woodson Overland Mo.

19. (a) AUG 31 1945 (b) J. J. Bredack
(Date received in registry) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? _____

23. Signature John J. Harwood (M. D. or other) M.D.
 Address 634 N. Grand Date signed 8/31/45

NOV 28 1945

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.....

Osca F Mueller

..... Licensed Embalmer No.....

3039

..... P. O. Address.....

Overland Mo

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.