

S. No. 2
M-5-43
7-5-17-39
I X35671

FILED DEC 7 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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:
2542 E Dodier St.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2542 E. Dodier St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Thomas J. Martin

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-12-5368

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Martin

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased November 19 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 3
If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Packing

12. Name Daniel Martin

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary McGahan

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Martin

(b) Address 2542 E. Dodier St.

17. (a) Burial (b) Date thereof 11/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroott-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) NOV 23 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1945 hour 10 minute 45P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Stevrosis (Udelective)

Due to _____

Due to _____

Other conditions 92
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) (Means of injury)

23. Signature Salvatore E. Taylor (M. D. or other) _____
Address Ray Co Date signed 11/23/45

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.....

Ben E. Hoffman

Licensed Embalmer No..... *4366*

P. O. Address..... *Louis, 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.