

FILED **DEC 22 1945**

Primary Registration District No. **3069**

Registrar's No. **2795**

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST MARYS 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)

In this community 6 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 9th

(c) City or town MAPLE WOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 2128 YALE AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ALBERT EDWARD MARTIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MINNIE M MARTIN

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased JAN 11 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 25
If less than one day hr. min.

9. Birthplace HALIFAX NOVA SCOTIA
(City, town, or county) (State or foreign country)

10. Usual occupation MOLDER

11. Industry or business RETIRED

12. Name MARTIN

13. Birthplace UNKNOWN ENGLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant James N. Martin

(b) Address 2128 Yale Ave

17. (a) REMOVAL (b) Date thereof DEC 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Parker and Co.

(b) Address Wabatec Groves Mo.

19. (a) 12-11-45 (b) 25 M. Garant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 6th
year 1945 hour 9 minutes 55 P.M.

21. I hereby certify that I attended the deceased from 11-28-45
to 12-6-45

that I last saw him alive on 12-6-45
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right ear with metastases to the neck

Duration 9 yrs.

Due to 55

Due to _____

Other conditions Myocarditis
(Include pregnancy within months of death)

Major findings: Ulcerated right ear. Large metastases to right neck.

Of autopsy _____

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 Charles J. Sherwin (M. D. or other)

Address 3720 Washington Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 19 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.....

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Whiter Grove N*

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.