DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1946

State File No. 7718

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1919

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: Firmin Desloge Hospital (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 Mo (b) County 6 Oa

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

(d) Street No. 1406a Semple (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martin, Edward

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. (Month) 31 (Day) 1910 (Year)

8. AGE: Years 35 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Auto Salesman

11. Industry or business

FATHER
12. Name Joseph Martin
13. Birthplace Wayne Co Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle O'Dell
15. Birthplace Wayne Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Robt Martin

(b) Address 1406A Semple, St Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem East St Louis

18. (a) Signature of funeral director Charles G Burns

(b) Address 2525 State St East St Louis Ill

19. (a) FEB 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24 year 1946 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from FEB 23, 1946, to FEB 24, 1946; that I last saw him alive on FEB 24, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRAIN ABSCESS	Unknown
Non-tubercular	
Due to EMPYEMA THORACIS (SEPTEMBER 1945)	5 months
Due to PNEUMONIA (AUGUST 1945)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations BRAIN ABSCESS - RIGHT FRONTAL
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury U

23. Signature Eugene T. Dmytryk (M. D. or other) MD

Address 1325 S. Grand Ave Date signed 2-25-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1919

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:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward 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 (married)

6. (b) Name of husband or wife Louise

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

7. Birth date of deceased Oct 3 1914
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MAR 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1946 hour minute 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 — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

7718