

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14994
State File No. 4030
Registrar's No.

FILED MAY 10 1946
Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 3 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2517
(d) Street No. 1605 Chestnut (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harry Martin
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
year 1946 hour 1 minute 20 P. M.
21. I hereby certify that I attended the deceased from April 26 1946 to April 29 1946
that I last saw him alive on April 29 1946
and that death occurred on the date and hour stated above.

4. Sex Male 175. Color of race Col
6. (b) Name of husband or wife (b) Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 1 1895
(Month) (Day) (Year)

Immediate cause of death: Benign Prostatic Hypertrophy
Obstructive Uropathy
Due to
Due to
Other conditions: Terminal Uremia
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Labor
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace
14. Maiden name
15. Birthplace

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

16. (a) Informant Gertrud Martin
(b) Address 2214 1/2 Hickory St.
17. (a) Burial (b) Date thereof 5-4-46
(c) Place: burial or cremation Green Wood Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature Dr. J. J. [unclear] (M. D. or other)
Address 2601 N Whittier Date signed 5/1/46

18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St.
19. (a) MAY 3 1946 (Date received local registration)
7 [unclear] (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13894

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 *Arthur L. Heilliard*

Licensed Embalmer No. *4291*

P.O. Address: *1154 Bayard ave*

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.