

U. S. No. 2
FORM-5-43
Rev. 5-17-39
X 36671

State File No. 34548

FILED OCT 28 1946

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 155

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

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

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 489-07-7962

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ilean Martin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 15 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 11 29 hr. min.

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

10. Usual occupation Sheet Metal worker

11. Industry or business Leonard Hill, Inc.

12. Name Clem Martin

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

14. Maiden name Iva Pearl Stanford

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

16. (a) Informant Mrs. Ilean Martin

(b) Address 5650 Cote Brilliante St. Louis

17. (a) burial (b) Date thereof Oct 17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Bellefontaine Cem

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H. D. Harrison

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 10/18/46 (b) H. Annie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5650 Cote Brilliante
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1946 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from October 13 1946 to October 14 1946
that I last saw him alive on October 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease Duration 25 yrs?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Rheumatic heart disease
Mitral + Aortic stenosis

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) (e) Means of injury _____

23. Signature George E. Keith (M. D. or other) MD

Address St. Charles, Mo Date signed Oct 15 1946

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

333776-25-46

102

244

1946

RECEIVED
District Health Officer, No. 9,
District File Number 10-22-46
Date Filed

OCT 28 1946

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 Joseph I. Tardor

Licensed Embalmer No. 4189

P. O. Address St. Louis

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.