

FILED NOV 7 1946

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

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2613 So. 13th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23rd
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2613 So. 13th St.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John F. Martin

3. (b) If veteran, name war..... 3. (c) Social Security No. R. R. Ret.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Martha 6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased. June 5th, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 16 hr. min

9. Birthplace Manning Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Express messenger

11. Industry or business Railroad

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Martin

(b) Address 2613 So. 13th St.,

17. (a) Burial (b) Date thereof 10/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Burial Park

18. (a) Signature of funeral director. J. L. Ziegenhein

(b) Address 2027 Gravois Ave.

19. (a) OCT 23 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st,
year 1946 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1 1946 to Nov 21 1946
that I last saw him alive on Nov 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Diabetes Mellitus

Due to.....

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations.....

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) (c) Means of injury.....

23. Signature C. P. Rieper (M. D. or other M. D.)
Address 400 River St. Date signed 10/24/46

Duration 1 week
3470
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W. L. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 17 m

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.