S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35389

Primary Registration District No. 1003

Registrar's No. 9202

1. PLACE OF DEATH:

(a) County L

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs - 48 min (Specify whether
In this community 3 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5808 A. South Compton 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Tommy Owens Martin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 (Month) 25 (Day) 46 (Year)

8. AGE: Years | Months | Days 2 | If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Newborn.

11. Industry or business ✓

FATHER
12. Name Raymond Francis Martin
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Ann Walter
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Floreine Borchell R.N.
(b) Address 2646 Potomac.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John T. Bugenhein & Sons
(b) Address 7827 Gravois Ave

19. (a) OCT 28 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1946 hour 5 minute 06 A.M.

21. I hereby certify that I attended the deceased from Oct 25, 1946, to Oct 27, 1946 that I last saw him alive on Oct 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Bifida + Hydrocephalus — Duration congenital

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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) no

(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 [illegible] (M. D. or other)

Address 3804 Wilming [illegible] Date signed 10/27/46

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.