

No. 2
-12-45
5-17-39
1 X4707

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13903

FILED MAY 8 1947

Registration District No. 1947

Primary Registration District No. 2029

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(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 ✓
In this community 65 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME George A. Martin

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

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

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

7. Birth date of deceased November 26, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Glass Factory

12. Name Alfred G. Martin

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

14. Maiden name Emily LaFur

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

16. (a) Informant Ms. Roy DeRousse

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof April 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director

(b) Address Crystal City, Mo.

19. (a) April 28 1947 (b) Clarence Bellaville
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 214 Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27
year 1947 hour 3:45 minute P.M.

21. I hereby certify that I attended the deceased from 4-27-47 11:30 AM.
19 to DEATH 4-27 1947.
that I last saw him alive on 4-27-47 12:45 PM 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death (Myocardial) failure
cardiac 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:

(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 Eugene H. Strittmatter (M. D. or other) D.O.

Address 222 Main St. Date signed 4-28-47

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

MOTHER FATHER

Date Filed 5-7-47

District File Number.....

District Health Officer No. 9,

RECEIVED

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

Geoffrey R. Palitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Md

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.