V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26376

FILED JUL 25 1947

Registration District No. 297

Primary Registration District No. 6076

Registrar's No. 1532

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks 23, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/31/47 (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4259 W. Evans
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTIN, William E.
3. (b) If veteran, name war World I
3. (c) Social Security No. 494-03-7602
4. Sex male
5. Color or race negro
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 July 12, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	1	hr. min.

9. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business
FATHER
12. Name William Martin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cora McClennon
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VAH,
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Gates Fun. Home
(b) Address St. Louis, Missouri
19. (a) 7-17-47 (Date received local registrar) (b) Cecil A. J. Shorf MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour minute 5:10 P.M.
21. I hereby certify that I attended the deceased from March 31, 1947, 19, to July 13, 1947, 19;
that I last saw him alive on July 13, 1947, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH CORONARY ARTERIOSCLEROSIS, CARDIAC
Due to ENLARGEMENT, AORTIC INSUFFICIENCY, WITH MYOCARDIAL INSUFFICIENCY.
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations No Operation
Of autopsy No Autopsy

Duration

PHYSICIAN
Underline the cause of 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 L. E. Shlurff (M. D. ~~or other~~)
Address VAH, Jeff. Barracks, Mo. Date signed 7/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1947

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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4257

P. O. Address 4107 7th

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.