No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 24318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36044

Registrar's No. 9511

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution: 8 hours (Specify whether years, months or days)

In this community: 61-10-2

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ODO

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

(d) Street No.: 3331 Oregon
(If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M.

5. Color or race: W.

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

6. (b) Name of husband or wife: Josephine

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Dec. (Month) 12 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
61	10	2	hr. min.

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

10. Usual occupation: Porter

11. Industry or business: Famous-Barr Co.

FATHER
12. Name: Fred Martin
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: not known
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Josephine Martin
(b) Address: 3331 Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus

18. (a) Signature of funeral director: Schumacher Und. Co.
(b) Address: 3013 Meramec

19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th. year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1947 to Oct. 14, 1947 that I last saw him alive on Oct. 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Lobar Pneumonia	2 days
Due to: Cardiac Decompensation	2 days
Due to: Pernicious Anaemia	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 108
Of autopsy

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)
(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. M. Kramer (M. D. or other) M.D.
Address: 3014 S. Jefferson Date signed: Oct. 14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

F. W. Williams

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.