6. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36047

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9788

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: 2859 St. Vincent Street
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 23 — 2859 St. Vincent Street 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME: GARY WAYNE MARTINDALE

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: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: October 14, 1947 (Month) (Day) (Year)

8. AGE: Years — Months ~ Days 6 If less than one day hr. min.

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

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Clifton Martindale
13. Birthplace: Dongola, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mildred McAtee
15. Birthplace: Denver, Colorado (City, town, or county) (State or foreign country)

16. (a) Informant: Clifton Martindale
(b) Address: 2859 St. Vincent Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery Belleville, Illinois

18. (a) Signature of funeral director: A.W. McLaughlin
(b) Address: 2301 Lafayette Avenue

19. (a) OCT 22 1947 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1947 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from Oct 14 1947, 19.., to Oct 20, 1947 that I last saw him alive on Oct 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyloric Stenosis	8 days
Due to: Congenital mal-formation	10
Due to:	
Other conditions: general weakness (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) 0
While at work? (e) Means of injury

23. Signature: E. M. Adkins (M. D. or other) MD
Address: 4015 Humphrey Date signed: 10-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Adkins
4015 Humphrey
Gr. 1752
6 - 6:30 PM

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.....E W Cooper.....

Licensed Embalmer No.....5830.....

P. O. Address.....2301 Lafayette Ave

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.