

U. S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

39951

State File No. 10146
Registrar's No. 1003

FILED NOV 28 1947 318
Registration District No.

Primary Registration District No.

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. Little Sisters 3400 S. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 yr.
(Specify whether 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. 3400 S. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM MARTIN

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex. Male White 5. Color or race. White

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

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

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

7. Birth date of deceased. November 2, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 -0- 9 ..hr.min.

9. Birthplace. Jacksonville, Florida Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Day Laborer

11. Industry or business.....

12. Name. Thomas Martin

13. Birthplace. Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name. Don't Know

15. Birthplace. Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant. Sister Henry

(b) Address. 3400 S. Grand Blvd.

17. (a) Burial (b) Date thereof. 11/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SS. Peter and Paul Cemetery

18. (a) Signature of funeral director. Gebken-Benz Mortuary

(b) Address. 2842 Meramec St.

19. (a) Nov 13 1947 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1947 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 4, 1947, to Nov 11, 1947,
that I last saw him alive on Nov 6, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death. Sen. arteriosclerosis arteriosclerotic H. Dis.

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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. R. Amey (M. D. or other) 0
Address. 539 N. Grand Date signed. 11/11/47

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

MOTHER FATHER

91101

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Louise E. Percy

Licensed Embalmer No..... 4094.....

P. O. Address 2842 Meramec St.
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.