. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43305

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11654

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: 7150 Wellington Ct.
(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)
In this community Years

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. 7150 Wellington Ct.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward J. Martin Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Veronica Martin

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 9 (Day) 1867 (Year)

8. AGE: Years 80 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Martin
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Mary V. Martin
(b) Address 7150 Wellington Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director C. Holmelster Colonial Mortuary
(b) Address 6464 Chippewa St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1947 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 19 45 to December 19 47; that I last saw him alive on Dec. 20 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident — Duration 30 hrs.

Due to Arteriosclerosis — years

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. M. Keller M.D. (M. D. or other)
Address 3284 S. Vandeventer, St. Louis Mo. Date signed 12-22-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Keller

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 Harry V Schumacher

Licensed Embalmer No. 2679

P. O. Address 784 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.