No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43306

FILED JAN 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11779

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2837 Magazine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2837 Magazine St 9
(If rural, give location)
(e) Citizen of foreign country 20 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mr. Mumford Martin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color or race Col 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 4 (Month) 7 (Day) 1927 (Year)

8. AGE: Years 20 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Dockery (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Jake Martin
13. Birthplace Edward (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Hattie West
15. Birthplace Edward (City, town, or county) Miss (State or foreign country)
16. (a) Informant Jake Martin Jr
(b) Address 3031 A Madison St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cleveland Miss
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23rd
year 1947 hour 11 minute 15 a. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Crown of Esophagus
Due to Pneumonia
Due to 9 d
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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 3
23. Signature (M. D. or other)
Address Date signed 12/26/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Hellerich

Licensed Embalmer No. 4221

P. O. Address 1134 Bayard av

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.