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 JAN 21 1948

Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3319

Registrar's No. 123

1. PLACE OF DEATH:
(a) County: ST. LOUIS COUNTY
(b) City or town: CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 MINUTES (Specify whether years, months or days)
In this community: (MOTHER) 21 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS Co. 96
(c) City or town: JENNINGS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 MEADOWLARK 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: ROBERT MARTIN
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: MALE
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: JUNE (Month) 25 (Day) 1946 (Year)

8. AGE: Years 1 Months 6 Days 20 If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
MOTHER FATHER
12. Name: ROBERT MARTIN
13. Birthplace: TEXAS (City, town, or county) (State or foreign country)
14. Maiden name: MARY SCHULTZ
15. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: MARY MARTIN
(b) Address: 2616 MEADOWLARK
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Matt Hermann & Son
(b) Address: 2161 S. Grand Ave.
19. (a) 1-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 15 year 1948 hour 9 minute 58 P.M.
21. I hereby certify that I attended the deceased from JAN. 15, 1948, to JAN. 15, 1948, that I last saw h. alive on JAN. 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: meningococcemia	undet.
Due to: Blood stream infection	undet.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hemorrhage of adrenals	undet.

Major findings:
Of operations:
Of autopsy: Hemorrhage of adrenals

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: 0
23. Signature: Wm. C. Critchlow (M. D. or other)
Address: 601 BRENTWOOD BLDG. Date signed: 1-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1945

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 Wilfred G. Burnley, Registered Apprentice No. ~~4202~~, working under my personal supervision.

Signed Wilfred G. Burnley

Licensed Embalmer No. 4202

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.