S. No. 2
I—1/47
5-17-39

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

#74602

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10456

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3104

0 17 9

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

2. USUAL RESIDENCE OF DECEASED: 0 0 0
(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 815 Koeln 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY GIRL MARTIN
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female 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 February 27th, 1948 (Month) (Day) (Year)

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

9. Birthplace St. Louis City Hospital (City, town, or county) (State or foreign country)
10. Usual occupation nil
11. Industry or business
FATHER 12. Name Peter Martin
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Theresa Elliott
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant M. Renard
(b) Address St. Louis City Hospital.
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof MAR 31 1948 (Month) (Day) (Year)
(c) Place: burial, cremation, or removal Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAR 31 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from 2/27/48 19..., to March 3rd 19 48 that I last saw her alive on March 3rd 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PREMATURITY.	
Due to CAUSE UNKNOWN	
Due to	
Other conditions (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)
While at work? (e) Means of injury

23. Signature Edward M Tabin (M. D. or other) MD
Address 1515 Lafayette Date signed 3/3/48

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.