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

#83419

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 518

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10460

Registrar's No. 3032

**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 Memorial
(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

**2. USUAL RESIDENCE OF DEACEASED:**

(a) State Mo (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3661 Hickory St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** GEORGE MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased 9 (Month) 9 (Day) 1862 (Year)

8. AGE: Years About 86 | Months | Days | If less than one day hr. min.

9. Birthplace TEXAS (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name UNKNOWN MARTIN
13. Birthplace TEXAS (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Amy Martin
(b) Address 3661 Hickory

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 30 48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Hope Cemetery

18. (a) Signature of funeral director E. J. Schmurr
(b) Address 3125 Lafayette Av.

19. (a) MAR 29 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 28th year 1948 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from 3/9/48, 19..., to March 28th, 19 48, that I last saw him alive on March 28th, 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, gen'l & cardiovascular Renal disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - Arteriosclerotic gangrene, at leg -

Of autopsy

Duration

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 C. R. Clark (M.D. or other)

Address 1515 Lafayette Date signed 3/29/48

(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.**