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. 10462

FILED APR 3 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2732

0
17
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Illinois (b) County
(c) City or town 47D John Robinson Apt. 17
(If outside city or town limits, write "RURAL")
(d) Street No. East St. Louis 9
(If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Leonard Claude Martin
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 2
5. Color or race col.
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Mamie M. Martin
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Oct. 8, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	5	5	hr. min.

9. Birthplace Macomb (City, town, or county) Mississippi (State or foreign country) 11
10. Usual occupation Laborer
11. Industry or business Swift & Co.
FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myrtis Bracey
15. Birthplace ---- (City, town, or county) Mississippi (State or foreign country) 1
16. (a) Informant Mamie M. Martin
(b) Address 47D J. R. Homes
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director O. T. Nash
(b) Address 3847 Gay Boul
19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from June, 1946 to March 13, 1948
that I last saw him alive on March 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	2 days
Due to Bronchopneumonia	1 wk
Due to 0	
Other condition C. Br. Bronchitis; Pleurisy Fibrosis; Organized Pneumonia; ~~Major findings Of operations~~ Pulmonary Fibrosis	5 yrs.
Of autopsy as above	

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

23. Signature J. W. Owen (M. D. ~~or other~~)
Address Barnes Hospital, Date signed 3-13

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 Claudia M. Nash Registered Apprentice No. 424, working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Blvd.

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.