S. No. 300
M—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY #83725
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10463

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 3289

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

00
17
9

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: 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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4343 Connecticut St. 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS MARTIN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1869 (Year)

8. AGE: Years 78 Months 4 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Fairbanks Soap Co.

FATHER
12. Name Thomas Martin
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Rose Unknown
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mary Martin
(b) Address 4343 Connecticut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 3rd year 1948 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3/17/48, 19, to April 3rd, 1948 that I last saw him alive on April 3rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 98

Due to

Other conditions Hypertensive heart disease
(Include pregnancy within 3 months of death)

Major findings: Senile psychosis - senile deterioration
Of operations
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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Date signed 3/5/48

(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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.