No. 300
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948 Hist. 85771

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17814

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4777

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 #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1432a Hodiamont Avenue. 9
(If rural, give location) 6 0

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

If yes, name country

3. (a) PRINT FULL NAME EDWIN MARTIN

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-4329

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Florence Martin.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased December 27, 1871. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	25	hr. min.

9. Birthplace California, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business

FATHER 12. Name John J. Martin.

13. Birthplace Trenton, (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER 14. Maiden name Lucinda Lehr.

15. Birthplace Trenton, (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant Mrs. Opal Buethe.

(b) Address 6601 Curtiss Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-1948. (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAY 24 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22nd year 1948 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from 5/11/48, 19..., to 5/22/48, 19...; that I last saw him alive on 5/22/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration 10 days

Due to Arteriosclerosis

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature M B Mills M.D. (M. D. or other)

Address 1515 Lafayette Date signed 5/22/48

(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 Clement T. McGreary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.