S. No. 300
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v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17815

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5188

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

6-8-48

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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006

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

(d) Street No. 2828 N. 11th. St. 9
(If rural, give location)

(e) Citizen of foreign country? 26 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GEORGE 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 1

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 11th ~~1885~~ 1892
(Month) (Day) (Year)

8. AGE: Years ~~84~~ 55 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Molder

11. Industry or business Spruck Iron Co.

FATHER
12. Name Joseph Martin
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown.
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Martin
(b) Address 2828 N. 11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem. Florissant-M.

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1948 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from 5/26/48, 19 , to June 4th, 19 48 that I last saw him alive on June 4th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar - light lower, middle and upper lobe

Due to

Due to

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

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

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

Address 1515 Lafayette 6/4/48 Date signed

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.