

FILED JUN 28 1948

Registration District No. **218**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis.**
(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:
(Home) 1015 N. 7th, Street.
(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 **St. Louis.**
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1015 N. 7th, Street.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mack Martin Jr.

3. (b) If veteran, name war **(2)**

3. (c) Social Security **598-20-4556**

4. Sex **male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **1930** years
7. Birth date of deceased **January, 5th, 1924**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 5 14 hr. min.

9. Birthplace **Bordwell, Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation **Labror.**

11. Industry or business

Mack Martin Sr.

12. Name **Mack Martin Sr.**
13. Birthplace **Ky.** (City, town, or county) (State or foreign country)

14. Maiden name **Lena Loving.**
15. Birthplace **Bordwell, Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lena Lee.**
(b) Address **1015 N. 7th, Street.**

17. (a) **Burial.** (b) Date thereof **6/26/48.**
(Burial, cremation, or removal) (Month) (Day) (Year)
Jefferson Barracks.

18. (a) Signature of funeral director **Raymond S. Hozer**
4453 Garfield Ave.
(b) Address

19. (a) **JUN 23 1948** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1948** hour **7.07** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Stab wound of heart, inflicted with knife in the hands of one Frank James Battles, in front of 1013 N. 7th Street, around 7:07 P.M., June 19, 1948.**
HOMICIDE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **11/7**

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:

(c) Accident, suicide, or homicide (specify) **homicide**
(b) Date of occurrence **June 19, 1948**
(c) Where did injury occur? **St. Louis, Mo.** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? **no** (Specify type of place) (c) Means of injury **knife**
23. Signature **Patrick E. Taylor, Dep. Cor.** (M.D. or other)
Address **1300 Clark** Date signed **6-23-48**

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.....

J. E. Cooper

Registered Apprentice No. *505*

working under my personal supervision.

Signed.....

James P. [Signature]

Licensed Embalmer No. *4441*

P. O. Address *2829 2/ash*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.