

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24521

Registrar's No. 6209

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.....
City Hospital
 (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)

3. (a) PRINT FULL NAME..... **Henry Martin**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex..... **male** 5. Color or race..... **white**
 6. (a) Single, widowed, married, divorced..... **single**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **March 13, 1872**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	3	29	hr. min.

9. Birthplace..... **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Maintenance Man**

11. Industry or business..... **St. Louis Screw Co.**

12. Name..... **Henry Martin**

13. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Maria Unknown**

15. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss Pauline Martin**

(b) Address..... **2307 N. Kingshighway**

17. (a) **burial** (b) Date thereof..... **7/14/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Zion's Cemetery**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **JUL 13 1948** (b) **J. F. Brudeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **Baden Hotel**
8220 N. Kingshighway
 (Specify whether rural, etc. location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **12th**
 year..... **1948** hour..... **2:15** 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..... **Coronary Occlusion** Duration

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsies.....

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?.....

(Specify type of place)

While at work?..... Means of injury..... **3**

23. Signature..... **Patricia E. Taylor** Date signed..... **7/13-48**

Address..... **1300 Clark**

MOTHER FATHIEL

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.....

Albert R. Thompson

Licensed Embalmer No.....

42 37

P. O. Address.....

St. Louis

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.