

FILED FEB 2 1949

#93768

## STANDARD CERTIFICATE OF DEATH

State File No. 3011  
791

318

PRIMARY REG. DIST. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 2508 A. N. 30TH STR.			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) GERTRUDE		c. (Last) MARTIN	
4. DATE OF DEATH (Month) (Day) (Year)		Jan. 25th, 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WIDOWED		8. DATE OF BIRTH JULY 5th 1870		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) PERRVILLE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS J. HART		13b. MOTHER'S MAIDEN NAME MARY-ANN LAYTON		14. NAME OF HUSBAND OR WIFE GEORGE F. MARTIN (Dead)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Julia Harris			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia secondary & severe DUE TO (c) malnutrition				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				22. I hereby certify that I attended the deceased from 1/18/49, 19 to 1/25/49, 19, that I last saw the deceased alive on 1/25/49, 19, and that death occurred at 6:53 PM., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Joseph J. Mendenhall		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/26/49			
24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE JAN. 28-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. JAN 27 1949		REGISTRAR'S SIGNATURE J. B. Hasata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brookland Und. Co. 1827 HOGAN.			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Greg W Wilkerson

Licensed Embalmer No. 3575

P. O. Address St Louis mo

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.