

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3014

State File No.

937

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1009</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3yr9mo8da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>City Infirmarium</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Infirmarium Hospital</u>				3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>MARTIN</u> c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u>	
8. DATE OF BIRTH <u>July 12, 1868.</u>		9. AGE (In years last birthday) <u>80.</u>		10. MONTHS <u>6.</u>		11. DAYS <u>17.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Physician.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>M. D.</u>		11. BIRTHPLACE (State or foreign country) <u>West Quiver, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Saley Martin.</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Tike</u>	
14. NAME OF HUSBAND OR WIFE <u>Lora Schell.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>no.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis Infirmarium, 5800 Arsenal St.</u>				17. ADDRESS		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION <u>1200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
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 _____, 19____, to <u>Jan 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 29</u> , 19 <u>49</u> , and that death occurred at <u>4:00Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clatus L. Krag, M.D.</u> (Degree or title)				23b. ADDRESS <u>5600 Arsenal St, St. Louis</u>		23c. DATE SIGNED <u>30 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>1/31/49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dallas, Texas.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas, Texas.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar, St. Louis,</u>			

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

APR 23 1951

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Clarence H. Murray

Signed
Student Embalmer

Licensed Embalmer No. 4011

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.