

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6452
Registrar's No. 1756

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

22

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2733A Chouteau</u>		d. STREET ADDRESS (If rural, give location) <u>2733 A. Chouteau</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) _____ c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 28, 1898</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Macon GA.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Rubin Bennett</u>	
13b. MOTHER'S MAIDEN NAME <u>Lizzie Berg</u>		14. NAME OF HUSBAND OR WIFE <u>John Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Martin 2733A. Chouteau</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis - from Chl Myoe 9300</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>H202</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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 <u>7/18</u> , 19 <u>49</u> , to <u>7/18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>49</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L.R. Wentzel M.D.</u>		23b. ADDRESS <u>2726 Chouteau</u>	
23c. DATE SIGNED <u>7/24/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>Feb 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S.J. Watson 2709 Chouteau</u>	
DATE REC'D BY LOCAL REG. <u>FEB 24 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Foster</u>	

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 _____

S. J. Watson

Signed _____

Student Embalmer

Licensed Embalmer No. _____

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P. O. Address _____

2769 Chouteau

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.