

FILED APR 2 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11103

State File No.

96

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 days</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>3307 N. 11th (rear)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN,</u> b. (Middle) <u>Otto</u> c. (Last) <u>William</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married (Sepr)</u>	8. DATE OF BIRTH <u>July 10, 1912</u>	9. AGE (In years last birthday) <u>36</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>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brazeau, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph H. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Bertie Little</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>489-12-3493</u>	17. INFORMANT'S SIGNATURE OR NAME <u>REGISTRAR VAH, Jefferson Barracks, Missouri</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>February 10 1949</u> , to <u>February 20 1949</u> , that I last saw the deceased alive on <u>February 20 1949</u> , and that death occurred at <u>11:23 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>L. E. Stilwell</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>VAH, Jefferson Barracks, Mo.</u>		23c. DATE SIGNED <u>2/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>FEB. 23-49</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Nat'l Cem., Jeff. Brks., Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF. BKS. MO.</u>			
DATE REC'D BY LOCAL REG. <u>2-22-49</u>		REGISTRAR'S SIGNATURE <u>Heinrich Lemmer MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister -7814 So. Bdway., St. Louis, Mo.</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.

Student
Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

7514 1/2 Broadway

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.