

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25099

318

1003

Registrar's No. 6537

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6537					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5030 Lotus					
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Mem. Hos.				d. STREET ADDRESS (If rural, give location) 5030 Lotus							
3. NAME OF DECEASED (Type or Print) Wm. C. B. Martin			a. (First)			b. (Middle)					
c. (Last)			4. DATE OF DEATH July 28 1949			5. SEX Male					
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Oct. 28, 1873					
9. AGE (In years last birthday) 75			10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Switchman			10b. KIND OF BUSINESS OR INDUSTRY Railroad Yks.					
11. BIRTHPLACE (State or foreign country) Hamilton County, Ill.			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME George W. Martin					
13b. MOTHER'S MAIDEN NAME Ruth Barns			14. NAME OF HUSBAND OR WIFE Catherine Martin			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No					
16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Heland P. Hagedorn			ADDRESS E. St. Louis, Ill.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, right side. ANTECEDENT CAUSES In addition; DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery.				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) 91		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500				22. I hereby certify that I attended the deceased from May 26, 19 49 to July 27, 19 49, that I last saw the deceased alive on July 27, 19 49, and that death occurred at 6:30p m., from the causes and on the date stated above.					
23a. SIGNATURE _____ (Degree or title) M.D. U			23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Mo.			23c. DATE SIGNED 7-28-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Mo.					
DATE RECD BY LOCAL REG. JUL 28 1949		REGISTRAR'S SIGNATURE J. B. Fasano		FUNERAL DIRECTOR'S SIGNATURE Burrus Funeral Home - East St. Louis		ADDRESS _____					

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

J.R. J. 1949

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.