

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31995**
Registrar's No. **8318**

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) **90**
OR TOWN **Normandy**

d. FULL NAME OF HOSPITAL OR INSTITUTION **7700 North Broadway**

d. STREET ADDRESS (If rural, give location) **217 523 North Hills Drive**

3. NAME OF DECEASED (Type or Print)
a. (First) **Clarence** b. (Middle) **Booth** c. (Last) **Martin**

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 26, 1949

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Aug. 26, 1900** 9. AGE (In years last birthday) **49** 10. UNDER 1 YEAR Months **0** Days **0** 11. UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sales Manager**

10b. KIND OF BUSINESS OR INDUSTRY **Casting Co.**

11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Clarence B. Martin**

13b. MOTHER'S MAIDEN NAME **Charlotte Seidl**

14. NAME OF HUSBAND OR WIFE **Vera May Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war, or dates of service) **World War I**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Vera Martin - 523 North Hills Dr**

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) **Internal hemorrhage from lacerated heart suffered in crash of airplane piloted by deceased about 12:30 pm Sept 26 1949 at Humboldt Street + Railroad tracks, from cause undetermined**

ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**

OTHER SIGNIFICANT CONDITIONS (c) **Conditions contributing to the death but not related to the disease or condition causing death. Cause undetermined**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway) **Street + R.R. tracks** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo 173**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 26 49 p.m. 12:30** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **PILOT**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick E Taylor Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9-29-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **9/29/49** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE **J. B. Foster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Drehmann-Harral - 1905 Union Blvd.**

SEP 27 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 61237

P. O. Address H. Lewis

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.