

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31999

State File No.

FILED SEP 24 1949

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8059

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8059			
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. FULL NAME OF HOSPITAL OR INSTITUTION City Sanitarium				d. STREET ADDRESS (If rural, give location) 5400 Arsenal Street					
3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA			b. (Middle)		c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1949		
5. SEX Fem		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-26-1882		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Geo. Turner			13b. MOTHER'S MAIDEN NAME Lillie Nash			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. H. Martin Greenwich, Conn.					
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) Cardio vascular disease c				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) Hyperten sion				3yrs.x	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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						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)		102			
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? H/3 X					
22. I hereby certify that I attended the deceased from Jan 1, 1947, to Sept. 14, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 2.35p m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Jack R. ...				23b. ADDRESS 5400 Arsenal St.			23c. DATE SIGNED 9/15/49		
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 9-19-49		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemt.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. SEP 18 1949		REGISTRAR'S SIGNATURE J. B. Lester			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und. Co. 2732 Pine St				

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.