

No. 300
10.48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35392

State File No. _____

318

1002

Registrar's No. 9169

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE No. _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION 5615 So. Kingshighway Bl. d. STREET ADDRESS (If rural, give location) 5615 So. Kingshighway Bl.

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) W. c. (Last) MARTIN 4. DATE OF DEATH (Month) (Day) (Year) Oct. 25 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 16, 1882 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 9 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-Sternfeldt Construction Co. 10b. KIND OF BUSINESS OR INDUSTRY Construction Co. 11. BIRTHPLACE (State or foreign country) Calhoun County, Tenn. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Martin 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Loy Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loy Martin 5615 S. Kingshighway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, Generalized
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. Cholecystitis
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION No operation 20. AUTOPSY? YES NO

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) Tenn.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H-201

22. I hereby certify that I attended the deceased from 10/23, 1949, to 10/25, 1949, that I last saw the deceased alive on 10/24, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 16 Hampton Valley Place, Lubin 9 23c. DATE SIGNED 10/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail) 24b. DATE 10-26-49 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Chatanooga, Tenn.

DATE REC'D BY LOCAL REG. OCT 25 1949 REGISTRAR'S SIGNATURE J. B. [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.