

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39664**
Registrar's No. **4607**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064

1. PLACE OF DEATH a. COUNTY St. Louis		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 OR TOWN Ferguson)	c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Ferguson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1313 Weleba Ave.		d. STREET ADDRESS (If rural, give location) 1313 Weleba Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) E.	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) 12/3/49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Gadsen, Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Martin	13b. MOTHER'S MAIDEN NAME Freieron	14. NAME OF HUSBAND OR WIFE Ida E. Martin
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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. 488-10-9658	17. INFORMANT'S SIGNATURE OR NAME Ida E. Martin, Ferguson, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular degenerative disease		4:20
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **26 Nov, 1949, to 2 Dec, 1949**, that I last saw the deceased alive on **2 Dec, 1949**, and that death occurred at **9:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George A. Gandy (Degree of title) MD	23b. ADDRESS 212 S. Harrison St. Ferguson, Mo.	23c. DATE SIGNED 12/6/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/7/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co.
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DATE REC'D BY LOCAL REG. 12-6-49	REGISTRAR'S SIGNATURE Herbert R. Womke	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ferguson, Mo
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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 *R. M. White*

Licensed Embalmer No. 3953

P. O. Address Bergman, S

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.