

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31808

State File No.

7767

BIRTH NO. 60655-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (In this place township) <u>17 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u> <u>0920</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Infirmary</u>					
3. NAME OF DECEASED a. (First) <u>Linda</u> b. (Middle) <u>Darnell</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>Aug 24-50</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Theodore Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Olma</u>		14. NAME OF HUSBAND OR WIFE <u>U</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>U</u>		16. SOCIAL SECURITY NO. <u>U</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Martin</u> ADDRESS <u>Wentzville Mo</u>		
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) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhagic Disease of New Born</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>New Born</u>			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)		
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? <u>7715</u>		
22. I hereby certify that I attended the deceased from <u>24 Aug, 1950</u> , to <u>10 Sept, 1950</u> that I last saw the deceased alive on <u>10 Sept, 1950</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert J. Burke M.D.</u> (Degree or title)			23b. ADDRESS <u>St Mary's Hosp</u>		23c. DATE SIGNED <u>10 Sept 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>	
DATE REC'D BY LOCAL REG. <u>SEP 13 1950</u>		REGISTRAR'S SIGNATURE <u>J. Hasako</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pittman</u> ADDRESS <u>Wentzville Mo</u>	

(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 This

person whose baby was not embalmed Student Embalmer No.
working under my personal supervision. by request of parents.

Signed Annelle M. Titman

Signed.....
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Vertsville, Mo.

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.