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FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35104**
9010

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) 2929 Bell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2929 Bell Ave.		e. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Missouri b. (Middle) _____ c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) 10 20 1950		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-29-1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 11 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dallas, Georgia		12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Sidney Wychia	13b. MOTHER'S MAIDEN NAME Susie Hunter	14. NAME OF HUSBAND OR WIFE Frank Martin
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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 Edith Brooks, 2929 Bell Avenue	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) (sclerosis)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No			

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) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **10/19/50**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) 0	23b. ADDRESS 822 N. Mersey	23c. DATE SIGNED 10/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park, Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE RECORDED BY LOCAL REG. 10/24/50	REGISTRAR'S SIGNATURE J. B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Und. Co. 3100 Franklin Ave
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WRITE PLAINLY—USING UNFAADING 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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.