

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42582

1003

Registrar's No. 10564

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42582		Registrar's No. 10564					
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
a. COUNTY 1					a. STATE Missouri b. COUNTY 2219								
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 0								
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 N. 20th St.					d. STREET ADDRESS (If rural, give location) 2 1101 N. 20th Street								
3. NAME OF DECEASED (Type or Print)			a. (First) Ammie		b. (Middle)		c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1950				
5. SEX Fem 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Abt. 1882		9. AGE (In years last birthday) Abt. 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cairo, Illinois				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Robert Martin					
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. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Martin, 1101 N. 20th Street							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>					ANTECEDENT CAUSES								
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					MORIBUND 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.								
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)							
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? <i>331X</i>							
22. I hereby certify that I attended the deceased from <i>11-21-50</i> , 1950, to <i>12-7-50</i> , 1950, that I last saw the deceased alive on <i>12-7-50</i> , 1950, and that death occurred at <i>12-7-50</i> m., from the causes and on the date stated above.													
23a. SIGNATURE <i>J. E. Edwards M.D.</i> (Degree or title)					23b. ADDRESS 1926 Franklin			23c. DATE SIGNED 12-11-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
DATE REC'D BY LOCAL REG. DEC 11 1950		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green, 3517 Laclede Avenue								

(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

Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.