

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6413
1233

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1004 Registrar's No. 1233

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2459	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If rural, give location) 5610 ENRIGHT AVE;	
3. NAME OF DECEASED (Type or Print) a. (First) BARBARA b. (Middle) E c. (Last) MARTEN.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 14, 1880
9. AGE (In years last birthday) 70		10. MONTHS 8	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Evansville, Illinois /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Sauer	
13b. MOTHER'S MAIDEN NAME Margaret Grob		14. NAME OF HUSBAND OR WIFE William F. Marten	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Mehler, New London, Iowa		ADDRESS	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		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) C coronary arteriosclerosis			
DUE TO (c) Diabetes mellitus, cerebral thrombosis			
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 checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4701	
22. I hereby certify that I attended the deceased from Nov 1949 to Feb 7, 1951 , that I last saw the deceased alive on Feb 6, 1951 , and that death occurred at 4:35 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Michael M. Karl, M.D. - D.		23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED 2-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-9-51	24c. NAME OF CEMETERY OR CREMATORY Aspen Grove Cemetery	24d. LOCATION (City, town, or county) (State) Burlington, Iowa
DATE REC'D BY LOCAL REG. FEB 7 1951	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons ; 7233 Delmar Blvd	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7/21/22

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.