

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10496**
2141

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 2809 Caroline Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Donald		c. (Last) Martin	
4. DATE OF DEATH		(Month) March		(Day) 5		(Year) 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 16, 1908	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur				10b. KIND OF BUSINESS OR INDUSTRY Francis Carnival		11. BIRTHPLACE (State or foreign country) Elsbury, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME George T. Martin		13b. MOTHER'S MAIDEN NAME Gertrude Fleener	
14. NAME OF HUSBAND OR WIFE Ruby Martin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-03-3253	
17. INFORMANT'S SIGNATURE OR NAME Ruby Martin				ADDRESS 2809 Caroline			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b) Aortic Insufficiency & Mitral Stenosis & Insuff.		DUE TO (c) Rheumatic Ht. Disease				LIFE 43 yrs.	
DUE TO (a) Cardiac Decompensation		II. OTHER SIGNIFICANT CONDITIONS				CONGENITAL NEPHROTIC SYNDROME	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION deaths				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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H10X			
22. I hereby certify that I attended the deceased from 2/20 , 19 51 , to 3/6 , 19 51 , that I last saw the deceased alive on 3/6 , 19 51 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Arnon Birnbaum, M.D.				23b. ADDRESS 216 S. Kingshighway		23c. DATE SIGNED 3/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-5-51		24c. NAME OF CEMETERY OR CREMATORY Elsbury Cemetery		24d. LOCATION (City, town, or county) (State) Elsbury, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 6 1951 J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington			

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

1900 1950

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 me

working under my personal supervision.

Student Embalmer No.

Signed John J. Kaines
Licensed Embalmer No. 4108
P. O. Address St Louis Mo

Signed.....
Student Embalmer

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.