

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18361  
State File No. 4312  
Registrar's No.

FILED MAY 17 1951

BIRTH NO. 25226-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>2217 So 10th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) _____ b. (Middle) _____ c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>4-1-51</u>
9. AGE (In years last birthday) _____	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 12 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>Joseph Frank</u>		14. NAME OF HUSBAND OR WIFE _____	
13b. MOTHER'S MAIDEN NAME <u>Burnett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		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) <u>Respiratory Failure due to anoxia following placenta previa of mother</u> ANTECEDENT CAUSES Morbidity 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		773.0	
22. I hereby certify that I attended the deceased from <u>April 1, 1951</u> to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>April 1, 1951</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Y. Moore</u> (Degree or title) _____		23b. ADDRESS <u>917 So 18th St</u>	
23c. DATE SIGNED <u>4-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>MAY 8 1951</u>	
24c. NAME OF CEMETERY OR TOMB _____		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>MAY 8 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS <u>1104 Manchester Ave. St. Louis 10, Mo.</u>	

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.