

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21331  
State File No. 5517

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>24<sup>th</sup> St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3130 Bell Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlie</b> b. (Middle) <b>Martin</b> c. (Last) <b>Martin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 7, 1897</b>
9. AGE (In years) (Last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>6</b> Hours <b>6</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lake Village, Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Ben Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Washington</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>W. W. #1 429-16-9066</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret McNeil 3130 Bell Ave.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Disease</b>		DUPLICATE OF (a) <b>Undetermined</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ruptured Appendix</b>				

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>334X</b>

22. I hereby certify that I attended the deceased from **6-9**, 19**51**, to **6-13**, 19**51**, that I last saw the deceased alive on **6-13**, 19**51**, and that death occurred at **11:55pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank O. Richardson</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>6-14-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. Handle &amp; Son 3133 Bell Ave.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 18 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Loran</b>	

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

**STATEMENT BY LICENSED EMBALMER**

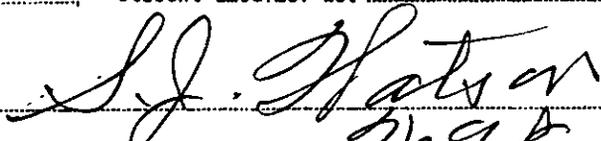
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_



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

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

269A  
27690 hoi

**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.