

10929

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 18 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Country Clearmont</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 mos. 10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>City Valley Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis County</u>		d. STREET ADDRESS (If rural, give location) <u>900 ST. Louis Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>ARTIE</u>			a. (First)			b. (Middle)			c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1952</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10/24/1897</u>			9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>3</u>		11. DAYS <u>21</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gardner</u>				11. BIRTHPLACE (State or foreign country) <u>Eldon Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U</u>			

13a. FATHER'S NAME <u>George MARTIN</u>			13b. MOTHER'S MAIDEN NAME <u>Missouri Matthews</u>			14. NAME OF HUSBAND OR WIFE <u>MYRTIE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>560-09-9101</u>			17. INFORMANT'S SIGNATURE OR NAME <u>MYRTIE MARTIN</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sub. basal hematoma - rt</u>							
		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 <u>400 9035-21</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valley Park - St. Louis - Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-6-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From a fall, hit head on tire of dump truck</u>					

22. I hereby certify that I attended the deceased from 11-6-51, 1951, to 2-16-52, 1952, that I last saw the deceased alive on 2-16-52, 1952, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. G. Ernst Jr. D. O.</u>			23b. ADDRESS <u>601 S. Brentwood Clayton, Mo</u>			23c. DATE SIGNED <u>2-17-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon MO</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		

DATE REC'D BY LOCAL REG <u>2-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. McLaughlin</u>		ADDRESS <u>2301 Lafayette</u>	
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SW (Licensed Embalmer's Statement on Reverse Side)

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

3/1 8/1 0/1

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 L R Cooper

Signed.....  
Student Embalmer

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.