

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29778

State File No.

No. 300
10.48
AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7469**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 0		c. LENGTH OF STAY (In this place) 6 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 10 4507a Fair Avenue	

3. NAME OF DECEASED (Type or Print)		a. (First) Martin		b. (Middle)		c. (Last) Martens		4. DATE OF DEATH (Month) (Day) (Year) 8 - 3, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1885		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Okawville, Ill. /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Peter Martens		13b. MOTHER'S MAIDEN NAME Wilhelmina Wolff		14. NAME OF HUSBAND OR WIFE Mrs. Giselda Martens	
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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. 492-01-4084		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martin Martens, 4507a Fair Ave.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			3 days
		DUE TO (b) Cerebral Thrombosis			2 years
		DUE TO (c) Cardiac Failure			3 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular			3 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 332X	
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22. I hereby certify that I attended the deceased from **June**, 1949, to **Aug**, 1952, that I last saw the deceased alive on **2 Aug**, 1952, and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Math Hermann M.D.		23b. ADDRESS 2400 74 W. W. Harrison Ave		23c. DATE SIGNED Aug 4 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-6-52		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
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DATE REC'D BY LOCAL REG. AUG 6 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: _____

Horace W. Dentz

Licensed Embalmer No. 38820

P. O. Address St. Louis

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.