

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29482

FILED SEP 3 - 1952

318

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 0 c. LENGTH OF STAY (in this place) 0 d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY 2219 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 0 d. STREET ADDRESS (If rural, give location) 3452 Lawton Boulevard			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Earnest c. (Last) Martin		4. DATE OF DEATH August 18, 1952		5. SEX Male 2		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 20, 1923		9. AGE (In years last birthday) 29		10. UNDER 1 YEAR 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Pullman Furniture Co.		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Martin		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary Ann Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 426-56-4555		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ann Martin - 5149 Page Ave.			
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) Pulmonary Embolism (arising in situ femoral vein) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Due to (b) Cat - Fractures both bones left leg distal third suffered in fall from window on third floor to ground below Due to (c) Fall from window on third floor to ground below II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: About 12:45 A.M. Aug 18-1952 ch 3452 Lawton Ave				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/13/52	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? He arose too E9020					
22. I hereby certify that I attended the deceased from 9:18, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:21 P.M., from the causes and on the date stated above. 21							
23a. SIGNATURE Joseph M. ... 3 Deputy Registrar				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/23/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 8/21/1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3644 Atkins Bros. Undertaking Co. Finney			

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

Louis V. Martin

Licensed Embalmer No. 2842

P. O. Address 3644 FIFTH

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.