

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36634**  
Registrar's No. **9172**

OCT 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY OR TOWN <u>St. Louis Mo.</u> c. LENGTH OF STAY (in this place) <u>2 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> c. CITY OR TOWN <u>East St. Louis.</u> d. STREET ADDRESS (If rural, give location) <u>1411 St. Clair Ave</u>					
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Ed</u>		a. (First) <u>Ed</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Martin</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10 1 52</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>11-9-1899</u>		<b>9. AGE</b> (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Woco Eng</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>A&amp;S RR</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Collinsville, Ill.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Joe Martin</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Wilberg</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Lois Martin</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>No</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Lois Martin E. St. Louis, Ill.</u>				
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Bronchogenic carcinoma of left lung.</u> ANTECEDENT CAUSES <u>Metastases of carcinoma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>162X</u>				
<b>22. I hereby certify that I attended the deceased from</b> <u>October 1, 1952</u> , to <u>October 1, 1952</u> , that I last saw the deceased alive on <u>October 1, 1952</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>James E. Koster M.D.</u>		<b>23b. ADDRESS</b> <u>Mo Pac Hosp</u>		<b>23c. DATE SIGNED</b> <u>10-2-52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>10-1-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. John's Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Collinsville Illinois</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>OCT 3 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith, M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>[Signature] E. St. Louis, Ill</u>			

For (Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

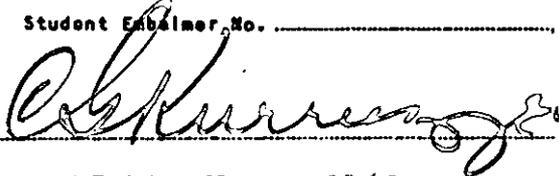
Student Embalmer No. ....

Signed \_\_\_\_\_

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

*NOT EMBALMED*



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.