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Reg. 108, 146
FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8343

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 572

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 5001 LINDENWOOD

2149 / 14 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): LEE
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): 2/15/53

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2/28/92
9. AGE (In years last birthday): 60 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): BEAMAN, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: GREEN MARTIN
13b. MOTHER'S MAIDEN NAME: MARY TOODE
14. NAME OF HUSBAND OR WIFE: [redacted]ESSIE MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung, Left, with Wide Spread Metastases, including Thoracic Spinal Cord — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 163X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): V.A.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: – – –

22. *I hereby certify that I attended the deceased from* 1/27, 19 53, *to* 2/15, 19 53, *that I last saw the deceased alive on* [redacted], *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Allen (Degree or title): R. A. ALLEN, M.D.
23b. ADDRESS: V. A. HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/53
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL
24d. LOCATION (City, town, or county) (State): JEFF. BKS. MO.

DATE REC'D BY LOCAL REG.: 2-17-53
REGISTRAR'S SIGNATURE: Hubert R. Lomb M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. Wade Funeral Home 4202 Finney

(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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.