

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30649**

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2197

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u> | |
| c. LENGTH OF STAY (In this place) <u>25 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>6168 Suburban Ave #310</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6168 Suburban Ave.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8/7/53</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>F.</u> c. (Last) <u>Martin</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 2, 1888</u> |
| 9. AGE (In years last birthday) <u>65</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William O. Bennett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Arms</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Wm. P. Martin Dec.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Harvey A. Bennett</u> | | ADDRESS <u>6147 Suburban Ave.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | DUPLICATE (b) <u>Diabetes Mellitus</u> | | <u>for years</u> |
| DUPLICATE (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. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from _____, 1950, to August 5, 1953, that I last saw the deceased alive on August 5, 1953, and that death occurred at 12:15 PM from the causes and on the date stated above.

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|--|--|-------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Peter Calabdi MD</u> | | 23b. ADDRESS <u>11949 Hodiament</u> | | 23c. DATE SIGNED <u>8/7/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 11, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.,</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8-10-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert K. Domb MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark Funeral Home 1125 Hodiament Ave.</u> | |
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alfred J. Boedecker
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave

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.