

STANDARD CERTIFICATE OF DEATH

State File No. **11705**

No. 300
10.48
FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2898**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KOCH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 1289 Days		d. STREET ADDRESS (If rural, give location) 2830 HOWARD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) (NONE)	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 7, 1953
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-28-90	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAN	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC HELP	11. BIRTHPLACE (City and State or Foreign Country) MARIANNA, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARSHALL SUTTEN	13b. MOTHER'S MAIDEN NAME DELLA O'NEAL	14. NAME OF HUSBAND OR WIFE JENNIE B. MARTIN
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Johnson 2628 Howard St.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		
	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.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 002K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 **APRIL 28, 1950**, to **NOV. 7, 1953**, that I last saw the deceased alive on **NOV. 7, 1953**, and that death occurred at **3:10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard L. Friedman M.D.	23b. ADDRESS Koch Hosp., Koch, Mo	23c. DATE SIGNED 11-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 13, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Peter's	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 11/9/53	REGISTRAR'S SIGNATURE Herbert B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON, 3133 Bell 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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

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.

APR 1949