

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20942

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4627

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: New Faith Hospital | | e. STREET ADDRESS 26 | f. (If rural, give location) 1627 Cass Ave 2267 |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank | | b. (Middle) | c. (Last) Martin |
| 4. DATE OF DEATH (Month) (Day) (Year) May 23 1954 | | | |
| 5. SEX Male <input type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 2 1901 |
| 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME Mike Martin | | 13b. MOTHER'S MAIDEN NAME Alice martin | 14. NAME OF HUSBAND OR WIFE Helen Martin |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY 489-28-2067 | 17. INFORMANT'S SIGNATURE OR NAME Helen Martin 1627 Cass 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dementia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Glomerular Nephritis</i> DUE TO (c) <i>Cirrhosis of Liver</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 581.0 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 <i>May 8 1954</i> to <i>May 23 1954</i> , that I last saw the deceased alive on <i>May 23 1954</i> , and that death occurred at <i>2:45 P.M.</i> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Deceased or legal representative) <i>Joseph Dorman</i> | | 23b. ADDRESS <i>1725 No Grand Blvd</i> | 23c. DATE SIGNED <i>5/24/54</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>5/26/54</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i> | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> |
| DATE REC'D BY LOCAL REG. <i>MAY 24 1954</i> | REGISTRAR'S SIGNATURE <i>Charles Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Sullivan's 2849 N. Euclid Ave.</i> | |

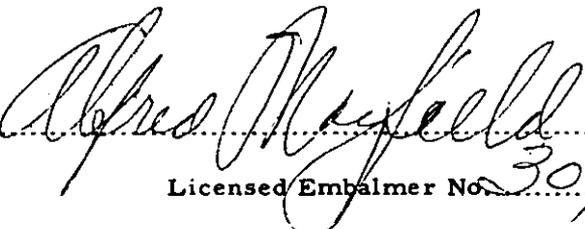
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed ,
Licensed Embalmer No. 309,
P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.