

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25122

BIRTH NO. 19427-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6027

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 3 Mo. 17 Da		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		e. STREET ADDRESS (If rural, give location) 26 3617a BLAIR AVENUE 226/0	
3. NAME OF DECEASED (Type or Print) FREDRIC (Fredric) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) JULY 3, 1954	
5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH MARCH 16, 1954	
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Months 3 Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME HOWARD M. RANKIN		13b. MOTHER'S MAIDEN NAME DIANA EILERMANN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOWARD M. RANKIN 3617a BLAIR AVENUE	
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) Pulmonary emphysema, bilateral 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. Thyroid very large INTERVAL BETWEEN ONSET AND DEATH 36 hrs 3 1/2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		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? 5271	
22. I hereby certify that I attended the deceased from 7/2, 1954, to 7/3, 1954, that I last saw the deceased alive on 7/3, 1954, and that death occurred at 4:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE J. Michael M.D.		23b. ADDRESS 817 Olive Street	
23c. DATE SIGNED 7/5/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-6-54	
24c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
DATE REC'D BY LOCAL REG. JUL 6 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. 1936 ST. LOUIS AVENUE	

(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 by me, or by Student Embalmer No. working under my personal supervision..

Student..... *None*
Signature of Student Embalmer

Signed..... *Delia J. Kriska*
Licensed Embalmer No.

P. O. Address *St. Jo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.