No. 300
10-48

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25824

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1547

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: St Louis | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE: Mo b. COUNTY: St Louis |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gardenville<br>c. LENGTH OF STAY (in this place): 32 yrs. | c. CITY OR TOWN: 82 Gardenville<br>d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5225 Heege | e. STREET ADDRESS (If rural, give location): 5225 Heege 4820 |

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|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Michael | b. (Middle) | c. (Last) Martini | 4. DATE OF DEATH (Month) (Day) (Year) July 1, 1954 |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2 | 8. DATE OF BIRTH: Jan 16, 1868 | 9. AGE (In years last birthday): 86 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): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Musician | 11. BIRTHPLACE (City and State or Foreign Country): Hungary 8 | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME: Michael Martini | 13b. MOTHER'S MAIDEN NAME: Catherine Bettendorf | 14. NAME OF HUSBAND OR WIFE: deceased | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT'S SIGNATURE OR NAME: Mrs Barbara Markus | ADDRESS: 5225 Heege | |

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

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Cerebral thrombosis | 2 years |
| ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Myocarditis, chronic | 1 year |
| DUE TO (c) | Arteriosclerosis | 10 years |
| 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 4221 | 20. AUTOPSY? YES ☐ NO ☐ |
| 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 ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR? |

22. *I hereby certify that I attended the deceased from* May 2, 1946, *to* July 1, 1954, *that I last saw the deceased alive on* June 20, 1954, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

| | | |
|---|---|---|
| 23a. SIGNATURE: M. R. Wilucki (Degree or title) MD | 23b. ADDRESS: 8916 Gravois | 23c. DATE SIGNED: 7-1-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: 7/3/54 | 24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem. |
| 24d. LOCATION (City, town, or county) (State): St Louis County Mo. | | |
| DATE REC'D BY LOCAL REG.: 7/2/54 | REGISTRAR'S SIGNATURE: Herbert R. Lombardi | 25. FUNERAL DIRECTOR'S SIGNATURE: John L Ziegenhein & Sons 7027 Gravois ADDRESS |

(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 embal

by me, or by Don Benz, Student Embalmer No. 4YC3

working under my personal supervision..

Student Donald E. Benz
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gra

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