

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 43827
Registrar's No. 11496

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Alabama		b. COUNTY Mobile	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN Mobile		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital		e. STREET ADDRESS (If rural, give location) 912 Dauphin St. 80108			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EDWARD c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 20, 1894	9. AGE (In years last birthday) 60	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). Clerk		10b. KIND OF BUSINESS OR INDUSTRY. G.M.O. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Mobile Ala.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME (Unknown) Martin		13b. MOTHER'S MAIDEN NAME Louisa Waas		14. NAME OF HUSBAND OR WIFE Ila Martin	
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. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ila Martin Mobile, Alabama.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR (GLIOBLASTOMA MULTIFORME)			INTERVAL BETWEEN ONSET AND DEATH 6 months
*This does not mean the mode of dying, such as heart failure, asthma, 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.			

19a. DATE OF OPERATION 9/9/54		19b. MAJOR FINDINGS OF OPERATION GLIOBLASTOMA MULTIFORME			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193x		

22. I hereby certify that I attended the deceased from Nov 16, 1954, to Dec 17, 1954, that I last saw the deceased alive on Dec 16, 1954, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank Vander... MD		23b. ADDRESS 1755 So Grand		23c. DATE SIGNED 12/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-54		24c. NAME OF CEMETERY OR CREMATORY Local	
				24d. LOCATION (City, town, or county) (State) Mobile, Alabama.	

DATE REC'D BY LOCAL REG. DEC 17 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1952

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. 365

P. O. Address J. J. Lang

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.