

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1955

State File No. 6698

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 540 Registrar's No. 522

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY OR TOWN _____ <i>Clayton</i>		c. CITY OR TOWN <i>4091</i> <i>Wentz</i>	
c. LENGTH OF STAY (in this place) <i>2 days</i>		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 <i>County Hospital</i>		STREET ADDRESS (If rural, give location) <i>133 Evelyn</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>WALTER</i> (Middle) _____ c. (Last) <i>MARTIN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 26 1955</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 18, 1896</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>8</i>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Hinton - Salem N. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>George Martin</i>		13b. FATHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Calie Martin</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>work.</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Evelyn Davis</i>		ADDRESS <i>135 Evelyn Ave</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Arteriosclerotic heart disease</i> <i>Cerebrovascular accident</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pyelo nephritis</i>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		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) <i>4200</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 *2-24-1955*, to *2-26-1955*, that I last saw the deceased alive on *2-26-1955*, and that death occurred at *8:15* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Hubert W. Luhmann, M.D.</i>		23b. ADDRESS <i>601 S. Brentwood Clayton, Mo</i>		23c. DATE SIGNED <i>2-26-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 3, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Walden</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>	
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DATE REC'D BY LOCAL REG. <i>3/1/55</i>		REGISTRAR'S SIGNATURE <i>Robert R. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>B. Roove</i>		ADDRESS <i>12217 Good</i>	
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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 *Guyton Swan*.....  
Licensed Embalmer No. *450*.....

P. O. Address *1221 1/2*.....

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.