

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9928
2949

FILED APR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4538 Cotton Belt Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples</u>				d. STREET ADDRESS (If rural, give location) <u>4538 Cotton Belt Road</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN WESLEY MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 31 1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/4/1885</u>	
9. AGE (In years last birthday) <u>69</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cahokia, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Davie Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Jefferson</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of Lungs; Cardiac Hypertrophy; Aesthetic;</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>white undergoing operation (appendectomy) at Peoples Hospital on the 31st day of March 1955.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SPECIFIC HOME? <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shop</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>Mo</u> (STATE) <u>553XF</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 31 55 ? m.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____ and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Patrick J. Taylor</u> (Deaf or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4.1.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookers Trust Co. St. Louis, Ill.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>APR 1 1955</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Green</u> ADDRESS <u>4060 St. Charles</u>			

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
Student Embalmer

Signed Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 4060 Washington

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 this body is not embalmed, fact should be so stated above.