

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10524

BIRTH NO.		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 544		Registrar's No. 546	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Kirkwood		c. LENGTH OF STAY (in this place) 3yrs.		c. CITY OR TOWN Kirkwood 467R		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 1039 N. Clay Ave.				e. STREET ADDRESS (If rural, give location) 1039 N. Clay			
3. NAME OF DECEASED (Type or Print) Irene		b. (Middle) Ruth		c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15, 1907	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Bentonville, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kraus		13b. MOTHER'S MAIDEN NAME Ruth Wagner		14. NAME OF HUSBAND OR WIFE Ernest Frank Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lynnwood Martin, Sullivan, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glioma					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p> <p>DUE TO (c)</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4-15-53		19b. MAJOR FINDINGS OF OPERATION Glioma				20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from March 30, 1953, to Mar. 3, 1955, that I last saw the deceased alive on 1-18-55, 19__, and that death occurred at 4:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Lois C. Hyatt (Degree or title) M.D.				23b. ADDRESS 134 W. Adams		23c. DATE SIGNED 3-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri	
DATE REC'D BY LOCAL REG. 3/4/55		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, Kirkwood, Mo.			

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

Student.....
Signature of Student Embalmer

Signed *William H. [Signature]*
Licensed Embalmer No. *431*
P. O. Address *Kirkland*

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.