

No. 30
10-48

FILED JUL 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **20719**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1436**

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 township) Mehlville		c. LENGTH OF STAY (in this place) 15 Years		c. CITY OR TOWN Mehlville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4704 So Drive		e. STREET ADDRESS (If rural, give location) 4704 So Drive			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Eva	b. (Middle) Cordelia	c. (Last) Martin	(Month) June	(Day) 23	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 15 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7	IF UNDER 4 HRS. Hours 9	Min. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of workable, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Jacob Voyles	13b. MOTHER'S MAIDEN NAME Emma Duncan	14. NAME OF HUSBAND OR WIFE Albert Martin (Deceased)
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Aline Kirkpatrick Harvey, Ill	ADDRESS Harvey, Ill
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of head. Body found on kitchen floor of her home with a 38 cal. revolver in her right hand.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 976x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mehlville St. Louis Mo.
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21d. TIME OF INJURY 6/23/55 8:15A.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Ernest J. Willmann, Coroner	(Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 6/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 26 1955	24c. NAME OF CEMETERY OR CREMATORY Crab Tree Cem.	24d. LOCATION (City, town, or county) (State) Litchfield, Ill
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DATE REC'D BY LOCAL REG. 6/24/55	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home, Mehlville Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADEING 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.....
John J. Demme

Licensed Embalmer No...419

P. O. Address...St. Louis

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.