No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42391

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11156

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
David M. Skilling Jr. M.D.

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bernard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 19 4385 Maryland 2199

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): WYNNE
c. (Last): MARTIN

4. DATE OF DEATH (Month) Dec (Day) 19 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 23, 1880
9. AGE (In years last birthday): 75 75 | 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): retired
10b. KIND OF BUSINESS OR INDUSTRY: Amr. Carloading
11. BIRTHPLACE (City and State or Foreign Country): Lexington, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas L. Martin
13b. MOTHER'S MAIDEN NAME: Hettie McChesney
14. NAME OF HUSBAND OR WIFE: Dorcas Carleton Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: later
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorcas C. Martin 339 N. Taylor

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis of left lung — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pneumonia — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Generalized arteriosclerosis
Arteriosclerotic heart disease
Cerebral arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 493X ~~527.0~~
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 *19*__, *to* 12-19-55 *19*__, *that I last saw the deceased alive on* 12-19-55 *19*__, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE David M. Skilling Jr. (Degree or title) M.D.
23b. ADDRESS: 18 South Kingshighway
23c. DATE SIGNED: 12-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/21/55
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: DEC 20 1955
REGISTRAR'S SIGNATURE: J Carl Smith M.D. M.D.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R. Lupton and Sons, 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

@ 3:30 Prompt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.