

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14418
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Frankclay		b. COUNTY Washington	
c. LENGTH OF STAY (in this place) 2 Min.		c. CITY OR TOWN Irondale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Irondale		11001	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Charlotte c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) April 30, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1892	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Months 7 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Vahrenkamp		13b. MOTHER'S MAIDEN NAME Louise Grosscors		14. NAME OF HUSBAND OR WIFE W. H. Martin	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. H. Martin Irondale, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 Min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio		DUE TO (c) Vascular renal disease		6 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Previous Coronary Thrombosis 8 Mo			

19a. DATE OF OPERATION 4 20 1		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10 28 19 49 April 30 19 56 that I last saw the deceased alive on April 14 19 56 and that death occurred at 3 45 A. M., from the causes and on the date stated above.					

23a. SIGNATURE John W. Hunt M.D.		23b. ADDRESS Leadwood Mo		23c. DATE SIGNED 5/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/2/56		24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery	
24d. LOCATION (City, town, or county) (State) Irondale, Mo.					

DATE REC'D BY LOCAL REG. 5-2-56		REGISTRAR'S SIGNATURE Cather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Art L. Boyer Leadwood Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1956

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 E. Bayer*

Licensed Embalmer No. *472*

P. O. Address *Leadwood*

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.