

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

State File No. **14718**
Registrar's No. **3794**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3794			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 33 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1128 N. Leonard					
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) _____			c. (Last) Martin			
4. DATE OF DEATH (Month) (Day) (Year) 4 13 56		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH 5-19-1896		9. AGE (In years last birthday) 59		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 (Car Cleaner)		10b. KIND OF BUSINESS OR INDUSTRY New York Cen. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Coila, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Albert Martin		13b. MOTHER'S MAIDEN NAME Angeline Jackson		14. NAME OF HUSBAND OR WIFE Dead					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Moore 6234 S. Parkway Ave, Chicago, Ill					
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				INTERVAL BETWEEN ONSET AND DEATH Undt.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				DUPLICATE (b) Arteriolar Nephrosclerosis due to					
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUPLICATE (c) Hypertensive cardiovascular disease.					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				Diabetes mellitus.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) 442X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 3-14-1956 , to 4-13-1956 , that I last saw the deceased alive on 4-13-1956 , and that death occurred at 9:10a m., from the causes and on the date stated above.									
23a. SIGNATURE E. B. Williams (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 4-14-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/19/56		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. APR 17 1956		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave.					

(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 *James A Carter*.....

Licensed Embalmer No. *46*.....

P. O. Address *St. J.*.....

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.