

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19209

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1212	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Koeh, Mo.		c. LENGTH OF STAY (in this place) 31 days		c. CITY OR TOWN St. Louis		d. In 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 KOCH HOSPITAL (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) 6900 So. Broadway 2017			
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) JOSEPH c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) 5 11 56				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH 10/17/16		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME EARL MARTIN			13b. MOTHER'S MAIDEN NAME WENDY TUEY		14. NAME OF HUSBAND OR WIFE LUCILLA SCHONBERG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-16-8177		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Reed Reed Room-Koch Hosp.			
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) GIANT Follicular Lymphoblastoma INTERVAL BETWEEN ONSET AND DEATH 3 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Peritonitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 3 mos.			
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)		2020A	
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 2/21/56, 1956, to 4/11, 1956, that I last saw the deceased alive on 7/10, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Axel R. Brown, M.D. (Degree or title)				23b. ADDRESS Robert Koch Hospital, Koch, Mo.		23c. DATE SIGNED 5/12/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE May 15 1956	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
DATE REC'D BY LOCAL REG. 5-15-56		REGISTRAR'S SIGNATURE Herbert R. Dombey		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Cullum & Kelly 2267 Natural Bridge			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. 300
0. 48

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 Not Embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 414

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.