

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35888**
 Registrar's No. **9257**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis Missouri		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) St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		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 4510 St. Louis Ave		e. STREET ADDRESS (If rural, give location) 4510 St. Louis Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) October 9 1956	
5. SEX Male		6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1905	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR: Months 6 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buss Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co	
11. BIRTHPLACE (City and State or Foreign Country) Jackson Tenn		12. CITIZEN OF WHAT COUNTRY? Yes USA	
13a. FATHER'S NAME Willie Martin		13b. MOTHER'S MAIDEN NAME Mary Martin	
14. NAME OF HUSBAND OR WIFE Mrs Minnie 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. 498-09-8705	
17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Martin		ADDRESS 4510 St. Louis Ave	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease (occlusion) INTERVAL BETWEEN ONSET AND DEATH 2-3 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 January 1956 , to October, 1956 , that I last saw the deceased alive on Sept-25 1956 , and that death occurred at 2:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. Proffitt MD		23b. ADDRESS 3136a Easton	
23c. DATE SIGNED 10/9/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/13/56	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. OCT 10 1956		25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith ADDRESS 4247/w Labadie Ave	

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 *W. Claude Gordon*

Licensed Embalmer No. *3781*

P. O. Address *4575 Alder*

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.