

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44326

State File No.

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3119

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	a. STATE <u>MO</u>	b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Page Dale</u>	c. CITY OR TOWN <u>Page Dale</u>	c. CITY OR TOWN <u>Page Dale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1329 Belvue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1329 Belvue</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Charles</u>	b. (Middle) <u>Harper</u>	c. (Last) <u>Martin</u>	<u>12-31-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb. 25 - 1875</u>	9. AGE (In years last birthday) <u>81</u>	10. IF UNDER 1 YEAR OF AGE: (Month) (Day) (Hour) (Min.) <u>10 6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Martin</u>		13b. MOTHER'S M maiden name <u>Sarah Barkin</u>		13c. NAME OF HUSBAND OR WIFE <u>Lucy Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Martin</u> ADDRESS <u>1329 Belvue Ave</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	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) <u>416x</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>Oct. 19, 1956</u> to <u>31 Jan. 1956</u> , that I last saw the deceased alive on <u>31 Jan. 1956</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Lucy N. Magness M.D.</u>		23b. ADDRESS <u>4651 Sunset University Ave (5th)</u>		23c. DATE SIGNED <u>2 Jan 57</u>	
24a. FUNERAL CREMATION REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>Jan. 4 - 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, MO</u>		
DATE REC'D BY LOCAL REG. <u>1-3-57</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bapp Inc</u> ADDRESS <u>Trick</u>		

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

No. 300
10-48

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*.....
Licensed Embalmer No. *451*.....

P. O. Address *Kirkwood*.....

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.