Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2934

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN Lemay 4850 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital — Length of stay in 1b 24 hrs	d. STREET ADDRESS (If outside, give location) 25 Cliff Drive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First LOUISE	Middle	Last MARTIN	4. DATE OF DEATH	Month Jan. Day 11 Year 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Sept. 3, 1889	9. AGE (In years last birthday) 67	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adam Krauss			14. MOTHER'S MAIDEN NAME Katherine Fischer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 489-10-3157B	17. INFORMANT Oscar W. Koehnken	Address 16 Cliff Drive	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarct	2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Coronary Occlusion	2 days
DUE TO (c)	Diabetic Coma; Intestinal Obstruction	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): See above. Also Early uremia. 260X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1950, to Jan 12 1957 and last saw her/him alive on 1/12/57. Death occurred at 11:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. O. Mott (Degree or title) M.D. — 22b. ADDRESS 3102 South Grand — 22c. DATE SIGNED 1/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Jan. 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)
24. FUNERAL DIRECTOR B EIDERWIEDEN F.H.INC.	ADDRESS 1936 St.Louis Ave	25. DATE RECD. BY LOCAL REG. JAN 14 '57	26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. O. Metz
3102a S. Grand Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Felix J. Krupin

Licensed Embalmer No. 34

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.