

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

State File No. 10203
3011
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____ 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 township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 27 days
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hosp 2189
e. STREET ADDRESS (If rural, give location) 4026 Laclede

3. NAME OF DECEASED a. (First) Clyde b. (Middle) Settle c. (Last) Martin 4. DATE OF DEATH (Month) (Day) (Year) 3-28-57

5. SEX male 0 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2 8. DATE OF BIRTH Aug. 5, 1889 9. AGE (In years last birthday) 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10 yrs. 10b. KIND OF BUSINESS OR INDUSTRY painter 11. BIRTHPLACE (City and State or Foreign Country) Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis N. Martin 13b. MOTHER'S MAIDEN NAME Etna ? 14. NAME OF HUSBAND OR WIFE Oakie Broughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. Etna Holstein-9910a South Broadway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia C.A. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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. Generalized arteriosclerosis 2 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 162x AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-1-57, 19__, to 3-28-57, 19__, that I last saw the deceased alive on 3-28-57, 19__, and that death occurred at 12:55am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 3/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/30/57 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 28 '57 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. WACKER-HELDERLE- 3634 Gravois 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(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 *Robert C. Wheeler*.....

Licensed Embalmer No. *2170*.....

P. O. Address *Hampton*.....

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.