

STANDARD CERTIFICATE OF DEATH

19045
State File No. 4534

FILED MAY 27 1957

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

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4534
1. PLACE OF DEATH a. COUNTY		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 town or township) ST. LOUIS MO		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	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 01 3903rd FOLSOM		e. STREET ADDRESS (If rural, give location) 2179th 3903rd FOLSOM		
3. NAME OF DECEASED (Type or Print)		a. (First) SAM	b. (Middle) H.	c. (Last) MARTIN
4. DATE OF DEATH		5. SEX MALE		
MAY 13 1957		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 1 1877
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANCE MARTIN	13b. MOTHER'S MAIDEN NAME SALLY RHUNIONS	14. NAME OF HUSBAND OR WIFE ETHEL 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. 498-26-4910	17. INFORMANT'S SIGNATURE OR NAME & ADDRESS ETHEL MARTIN 3903rd FOLSOM	
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>*This does not mean the mode of being, but as heart failure, stroke, etc. It means the disease, injury, or other condition which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic stroke		INTERVAL BETWEEN ONSET AND DEATH April 9, 1957
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		DUE TO (c) 334-X F		more than 2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart disease		fracture left shoulder scapula.		more than 2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fracture of left femur. Pinned at City Hospital		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN AT HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) April 9, 1957		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 April 16, 1957 , to May 12, 1957 , that I last saw the deceased alive on May 12, 1957 , and that death occurred at 1:45 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.		23b. ADDRESS 3610 So Broadway, St. Louis Mo		23c. DATE SIGNED May 13, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 15 1957	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. MAY 13 1957		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Thomas Ruten 2906 Gravois	

PR 6-4683

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.....
James C Dill

Licensed Embalmer No. *434*
P. O. Address *2906*

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.