

Use only black ink or ribbon typewrite if possible. Carcasses cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 3 1 5 9
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1493

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) Robertson		a. STATE Missouri		b. COUNTY St. Louis ✓	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3 Box 354		Length of stay in lb 6 yrs.		c. CITY OR TOWN Robertson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS Route # 3 Box 354		(If outside, give location)		d. STREET ADDRESS Route # 3 Box 354		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jacob		Middle Henrich		Last Martens		Month June Day 9 Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Jan 4, 1891		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Anodiser		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Jacob H. Martens				14. MOTHER'S MAIDEN NAME Sophia Graff			
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. 486-20-7986		17. INFORMANT Walter W. Martens Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia, Acute monoblastic						INTERVAL BETWEEN ONSET AND DEATH 6 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan. 2, 1957 and last saw ^{him} alive on 6-7-57 Death occurred at 8:35 Pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Geo. A. Seib M.D.				22b. ADDRESS 2323 Lafayette, St. Louis,		22c. DATE SIGNED 6-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		6-12-57		St. Marcus Cemetery		St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.				25. DATE RECD. BY LOCAL REG. 6-12-57		26. REGISTRAR'S SIGNATURE Herbert B. Donahoe	

(Licensed Embalmer's Statement on Reverse Side)

89.

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 Eleanor Rovine

Licensed Embalmer No. 34

P. O. Address Sumner

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.