

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26356

State File No. ....

FILED JUL 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **6554**

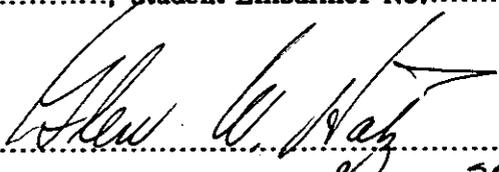
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a.—STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. CITY OR TOWNSHIP <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place) <b>2 Mo. 10</b>		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 (If not in hospital or institution, give street address or location) <b>26 St. Louis Chronic Hospital,</b>		e. STREET ADDRESS (If rural, give location) <b>227 0946a Hickory,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>J.</b> c. (Last) <b>Martin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13--1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>2 Divorced.</b>	8. DATE OF BIRTH <b>October 11, 1877</b>
9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Newsman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>(Retired)</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Hogan</b>	
14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jane Hoffmann,</b>		ADDRESS <b>946a Hickory Street</b>	
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* <b>(a) Left Lower Lobe Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b>	
*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
DUE TO (c) <b>490x</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>Generalized Arteriosclerosis</b>		10 mos.	
<b>Grand Mal Epilepsy</b>		30 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b>		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)			
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 <b>May 3, 1957</b> to <b>July 13, 1957</b> , that I last saw the deceased alive on <b>July 12, 1957</b> , and that death occurred at <b>1:10 A.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>		23b. ADDRESS <b>5800 Arsenal</b>	
23c. DATE SIGNED <b>7/13/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 16, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 15 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>M.H. Hermann &amp; Son, Inc.,</b>		ADDRESS <b>2161 E. Fair Av</b>	

**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 ..... 

Licensed Embalmer No. 373

P. O. Address J. Lami

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.