

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42328

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's 10295

| | | | | | |
|---|------------------------|--|--|--|---|
| 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 <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lemay 4850c | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. | | Length of stay in 1b 19 days | d. STREET ADDRESS 127 Sigsbee | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle MARTINES Last | | | 4. DATE OF DEATH Month Oct. Day 30, Year 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 19, 1892 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oiler | | 10b. KIND OF BUSINESS OR INDUSTRY Titanium-Pigment | | 11. BIRTHPLACE (City and state or country) Mexico | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME unknown | | | 14. MOTHER'S MAIDEN NAME unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes # 1 | | 16. SOCIAL SECURITY NO. 494-05-4372 | | 17. INFORMANT Address Odessa Martines, 127 Sigsbee | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Labor Pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2nd and 3rd degree burns of approximately 40% of the body. DUE TO (c) suffered while injured while painting in home, when | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) paint became ignited in an unknown manner, on October 12 1957. | | | |
| 20c. TIME OF INJURY Hour a. m. 10 p. m. 12 57 | | 20d. PLACE OF INJURY (If in or about home, for m., factory, street, office bldg., etc.) 27 Leysa | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY/TOWN, OR LOCATION Lemay Mo | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1000 P. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Doctor or nurse) James M Kelly Brown 1300 Clark | | | | 22c. DATE SIGNED 11-1-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) buried | | 23b. DATE 11-4-57 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan | | 25. DATE RECD. BY LOCAL REG. NOV 1 57 | | 26. REGISTRAR'S SIGNATURE Paul Smith MD | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | |

1957

ST. LOUIS, MO.

DECEMBER 15, 1957

1957

ST. LOUIS, MO.

ALBERTA MEXICO

OCT. 20, 1957

ST. LOUIS, MO.

JOSEPH

62

ST. LOUIS, MO.

WHITE

MALE

AGE

TITANIUM-PLATE MEXICO

HAIR

UNKNOWN

UNKNOWN

SEE REVERSE SIDE FOR SIGNATURE AND DATE

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 *W. G. Peterson*

Licensed Embalmer No. *370*

P. O. Address *7420 Michigan*

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.

ST. LOUIS, MO. BOARD OF HEALTH