Health, & Welfare Public Service

S. 300
1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030732
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7821

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 Incarnate Word — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1462 Rowan Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Anna	Middle F	Last Martin	4. DATE OF DEATH Month 8 Day 11 Year 58
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] 1 DIVORCED [ ]	8. DATE OF BIRTH 4-2-1878
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Gerau	13b. MOTHER'S MAIDEN NAME Martha Uhle	14. NAME OF HUSBAND OR WIFE Joseph Martin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Joseph Martin Address 1462 Rowan Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Dilitation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis c̄ Decompensation

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 1/58

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.2

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 July 1, 1955, to August 11, 1958 and last saw her/him alive on August 11, 1958

Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas F. Summers, M.D. 0	22b. ADDRESS 3857 Lindell St. Louis 8	22c. DATE SIGNED 8-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-14-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR J.W. Clark F.H.	ADDRESS 1125 Hodiamont Ave.	25. DATE RECD. BY LOCAL REG. AUG 12 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.S.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Alfred F. Bockelson

Licensed Embalmer No. 2663

P. O. Address 1125 Hudson

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.