

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031375
STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2265

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crestwood 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 149 Chatwood Terrace 13 yrs.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 149 Chatwood Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Paul Middle V. Last Martin			4. DATE OF DEATH Month 8 Day 30 Year 1958		
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 12/31/1897	9. AGE (In years last birthday) 60	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) Freight Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Blue Ball Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Martin		13b. MOTHER'S MAIDEN NAME Caroline Hammer	
13c. NAME OF HUSBAND OR WIFE Hilda		14. 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. 705-05-0838	
15. 17. INFORMANT Address Hilda X. Martin Crestwood Mo. (19)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension, Rt. Kidney DUE TO (c) 180X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. INTERVAL BETWEEN ONSET AND DEATH 8 yrs.		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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Middletown Ohio		20g. COUNTY		20h. STATE	
21. I attended the deceased from June 1950 to 8-29-1958 and last saw her alive on 8-29-1958 Death occurred at unk m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur K. Dushel MD		(Degree or title)		22b. ADDRESS 9500 Dunwoody	
22c. DATE SIGNED 8-30-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal, Rail			
23b. DATE 9/2/1958		23c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery		23d. LOCATION (City, town, or county) (State) Middletown Ohio	
24. FUNERAL DIRECTOR D. Donnelly		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 9-2-58	
26. REGISTRAR'S SIGNATURE J. R. Dombke, M.D./Sgt.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

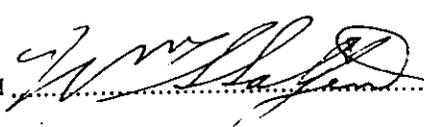
All diseases in Part I must be causally related.

various symptoms in item 18. No symptoms will be listed.

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. 4699

P. O. Address 3840 Lumball

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.