

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003263

STATE FILE-NUMBER

FILED FEB 11 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2-133

300
-57
32
30

BY AFFIDAVIT OR BY STATEMENT
3-5-59
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 OR TOWN St. Louis		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 8117 University Dr.	
3. NAME OF DECEASED First Middle Last JOHN SYKES MARTIN			4. DATE OF DEATH Month Day Year Jan. 5- 1959
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 June 29-1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President		10b. KIND OF BUSINESS OR INDUSTRY Silk Screen Process	9. AGE (In years last birthday) 33
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Douglas W. Martin, Jr.		13b. MOTHER'S MAIDEN NAME Ethel Sykes	14. NAME OF HUSBAND OR WIFE Mary Geissal Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Yes W.W.II		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Douglas V. Martin, Jr.		Address #2 Black Creek Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Extraperitoneal Hemorrhage</i> DUE TO (b) <i>Pulmonary Edema and Congestion</i> DUE TO (c) <i>Multiple Fractures</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>30 Home</i>	
20c. TIME OF INJURY Hour Month, Day, Year 10:30 p.m. 12 28 58		20d. CITY, TOWN, OR LOCATION Clayton Mo	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>30 Home</i>		20f. CITY, TOWN, OR LOCATION Clayton Mo	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>James L. Lupton</i> (Do not write)	
22b. ADDRESS 230 P. 1300 Clark		22c. DATE SIGNED 1/6/59	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Entombment	23b. DATE Jan. 8-1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grave Mausoleum	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR C.R. Lupton & Sons 2733 Clayton Rd.		25. DATE RECD. BY LOCAL REG. JAN 6 59	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			

S.P.

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 *Armed W. Schoe*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.