

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007423

STATE FILE NUMBER

2 1590

FILED MAR 2 1959 Registration District No. Primary Registration District No. Registrar's No.

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3862, PAGE BLVD.		d. STREET ADDRESS 3862, Page Blvd.	
Length of stay in lb 3 YRS		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last JOHNIE SYLVESTER MARTIN			4. DATE OF DEATH Month Day Year 2 / 10 / 1959		
5. SEX MALE	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2 / 11 / 1955		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Domesticts		11. BIRTHPLACE (City and state or country) ST. LOUIS. MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A			13. FATHER'S NAME HARRY SYLVESTER MARTIN		
14. MOTHER'S MAIDEN NAME HARRETT HUFFMAN			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE ?		
16. SOCIAL SECURITY NO. ?			17. INFORMANT Address Fula S. Marion, 5512, MAPLE AVE.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull.		INTERVAL BETWEEN ONSET AND DEATH 934.0 H.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Suffered in road struck by car on highway, February 10th 1959 about 220 am.	
20c. TIME OF INJURY Hour a. m. 220 Month, Day, Year 2 10 59	20d. INJURY OCCURRED WHILE AT WORK <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.) 111 Home
20f. CITY, TOWN, OR LOCATION St Louis Mo		20g. COUNTY STATE

21. I attended the deceased from 230A to _____ 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 Joseph S. Houston	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2 - 17 - 59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS. MISSOURI
24. FUNERAL DIRECTOR ADDRESS John S. Houston 2812, THOMAS STREET		25. DATE RECD. BY LOCAL REG. FEB 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

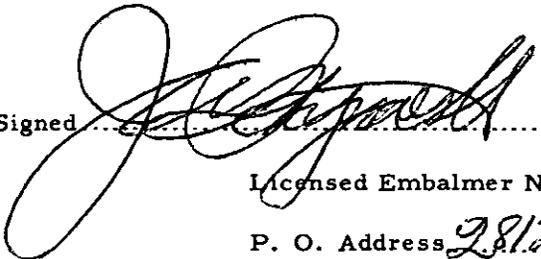
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This certificate is to be returned to a health officer or to a natural cause.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 44

P. O. Address 2812

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.