

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034811

FILED OCT 13 1959

317

Primary Registration District No. 500

Registrar's No. 2643

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pike											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moline		Length of stay in 1b 2 1/2 months		c. CITY OR TOWN Bowling Green		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9769 Vickie Place			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Taylor Ave & Hyway 61		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Jules Middle V Last Martin				4. DATE OF DEATH Month October Day 4 Year 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 7-5-1882		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker (retired)				10b. KIND OF BUSINESS OR INDUSTRY Liggett & Myers Tob Co				11. BIRTHPLACE (City, and state or country) Pointe LaHasche, Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Norbert Martin				13b. MOTHER'S MAIDEN NAME Lecodee Cosse				14. NAME OF HUSBAND OR WIFE Elsie Anna Martin							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				17. INFORMANT Address Mrs. Elsie A. Martin, 264 Reasor Drive Ferguson, Missouri											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Stomach								INTERVAL BETWEEN ONSET AND DEATH 6 mo							
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 (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 7-1-59 to 10-4-59 and last saw her him alive on 10-4-59 Death occurred at 3:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Joseph M. Ester (Degree or title) M.O.						22b. ADDRESS 8317 Jennings St. St. Louis 350			22c. DATE SIGNED 10-5-59						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Oct 6 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av					25. DATE RECD. BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Ford G. Beern

Licensed Embalmer No. 4203

P. O. Address St. Louis

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.