

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 22 1960

XC 2369060 SL 21571

212103

STATE FILE NUMBER

59-047011

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 915 N GRAND ST LOUIS MO		Length of stay in 1b 40 DAYS	c. CITY OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3547 UTAH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM E. MARTIN			4. DATE OF DEATH Month Day Year DECEMBER 28, 1959			
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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 10/29/79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tailor	10b. KIND OF BUSINESS OR INDUSTRY clothing	11. BIRTHPLACE (City and state or country) YOUNGBORO, ALA.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME BENJAMIN MARTIN	13b. MOTHER'S MAIDEN NAME SUSAN HOWARD	14. NAME OF HUSBAND OR WIFE KATHRYN MARTIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW	16. SOCIAL SECURITY NO. 496-22-3075A	17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARDIAC ASTHMA</u>		1 YEAR
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		10 YEARS
DUE TO (c) <u>EMPHYSEMA</u>		25 YEARS

Joseph E. Ellis
 Conditions, if any, which gave rise to above cause (c) (If more than one underlying cause, list.)
 1/4/60
 SUBCAPITAL FRACTURE RIGHT FEMUR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SUBCAPITAL FRACTURE RIGHT FEMUR	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall at home adjusting T.V. Set
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20c. TIME OF INJURY 7:30 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 165 Home	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.
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21. I attended the deceased from 11-18-59 to 12-28-59 and last saw him alive on 12-28-59	Death occurred at 8:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>H. E. Ellis M.D.</i>	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Dec. 31, 1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR BEIDERWIEDEN F. H. INC., 1936 St. Louis Ave	25. DATE RECD. BY LOCAL REG. DEC 30 1959	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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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



Licensed Embalmer No. 4530

P. O. Address Harris

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.