URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1960

60-009193
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 618

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo. Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Valley Park Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) #2 Wynstay Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First DOYLE Middle Last MARTIN
4. DATE OF DEATH Month Feb. Day 22 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-15-1933
9. AGE (last birthday) 26 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Argo Gardens
11. BIRTHPLACE (City and state or country) Eminence, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas D. Martin
13b. MOTHER'S MAIDEN NAME Danna Cook
14. NAME OF HUSBAND OR WIFE Merceline Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 495-34-0258
17. INFORMANT Merceline Martin, Address #2 Wynstay, Valley Park, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH 8 months
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-22-60 to 2-22-60 and last saw ~~her~~ him alive on 2-22-60
Death occurred at 6 55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Morris Leeder (Degree or title) MD
22b. ADDRESS 601 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-24-1960
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.

24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort., Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG. 2-23-60
26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ben E. Hoffman

Signature of Student Embalmer

Licensed Embalmer No. 4366

P. O. Address St Louis Co.

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