JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

60-024747
STATE FILE NUMBER

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6177

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Enroute City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1427 Missouri Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frank Middle C. Last Martin
4. DATE OF DEATH: Month 6 Day 15 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10/10/1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Roofing Co.
11. BIRTHPLACE (City and state or country): Akron,Ohio.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Andrew Martin
13b. MOTHER'S MAIDEN NAME: Agnes Cocklin
14. NAME OF HUSBAND OR WIFE: Unavailable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 438-14-1033A
17. INFORMANT: Mrs.Florence DeWitt,104 Lownsdale Ave. Akron,Ohio.

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): Arterio sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arterio sclerosis
DUE TO (c): 420.0
INTERVAL BETWEEN ONSET AND DEATH
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 1150 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick F. Taylor (Degree or title) Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 6.16.60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-20-60
23c. NAME OF CEMETERY OR CREMATORY: St.Vincents Cemetery
23d. LOCATION (City, town, or county) (State): Akron,Ohio.

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe,Inc.,4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 16 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
mjc

(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 Elton R. H. Remele

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address St. Louis

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.