

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		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips Hosp.			Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5024 RAYMOND		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARK DENNIS MARTIN				4. DATE OF DEATH Month Day Year 7-27-60					
5. SEX MALE		6. COLOR OR RACE colored		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-13-56		9. AGE (last birthday) 3 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ROLAND A. FRENCH			13b. MOTHER'S MAIDEN NAME FRANCES MARTIN			14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT FRANCES MARTIN		Address 5024 RAYMOND			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning suffered when deceased Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fell into lake in Forest Park at DUE TO (c) Union and Grand Ave on July 27th								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) 1960 at about 600 P.M. Accident						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 checked="" type="checkbox"/> NO <input 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.) 9294 42					
20c. TIME OF INJURY Hour Month, Day, Year 7-27-60		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.) 00 Forest Park		20f. CITY, TOWN, OR LOCATION St Louis		COUNTY STATE MO.	
21. I attended the deceased from 10:00 P. to and last saw her him alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (In degree or title) Patrick J. Taylor Coroner				22b. ADDRESS 1300 Clark W				22c. DATE SIGNED JUL 30 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-2-60		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM		23d. LOCATION (City, town, or county) (State) ST. LOUIS city MO			
24. FUNERAL DIRECTOR A.F. WALTON 2707 STODDARD				25. DATE RECD. BY LOCAL REG. AUG 1 1960		26. REGISTRAR'S SIGNATURE Karl Smith, 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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jan

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