

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 10 1960
 Registration District No. 317

Primary Registration District No. 541 Registrar's No. 2843

-60-036855
 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) CLAYTON		Length of stay in 1b HRS		c. CITY OR TOWN PAGEDALE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1230 FERGUSON AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Botilda Middle MARTIN Last				4. DATE OF DEATH Month SEP Day 24 Year 1960					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-12-90		9. AGE (last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME RASMUS HANSEN			13b. MOTHER'S MAIDEN NAME MINNIE RHOMELHART			14. NAME OF HUSBAND OR WIFE SERENOG B. MARTIN			
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 RALPH MARTIN 6746 ROBERTS AVE				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningeal Tumor (Type not yet determined)								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) yet determined									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Poss aspiration pneumonia						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Sept 24, 1960 to Sept 24, 1960 and last saw her/him alive on Sept 24, 1960 Death occurred at 9:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Albert L Howe M.D.				22b. ADDRESS 601 S. Baerwood St. Clayton, Mo.			22c. DATE SIGNED 9/25/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-27-60		23c. NAME OF CEMETERY OR CREMATORY VALHALLA		23d. LOCATION (City, town, or county) (State) ST LOUIS Co MO			
24. FUNERAL DIRECTOR SHEPARD			ADDRESS 1167 HAMILTON		25. DATE RECD. BY LOCAL REG. 9-26-60		26. REGISTRAR'S SIGNATURE John B. 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

~~secretly~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Lawrence C. Hill*

Licensed Embalmer No. 497

P. O. Address St. Louis

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.