RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-044468
STATE FILE NUMBER

ILED VS DEC 1 2 1960
DED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3429

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: St. Louis
c. CITY OR TOWN: Valley Park — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 22 Ann — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Margaret — Middle: Lynn — Last: Martin

4. DATE OF DEATH: Month: Nov — Day: 24 — Year: 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-13-60
9. AGE (last birthday): IF UNDER 1 YEAR — Months: 2 — Days: 11 — IF UNDER 24 HR — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Kirkwood, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Leroy Martin
13b. MOTHER'S MAIDEN NAME: Phyllis Louise Culley
14. NAME OF HUSBAND OR WIFE: none

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.: no
17. INFORMANT — Address: Leroy Martin 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	~~PNEUMONIA~~ PYOPNEUMOTHORAX	12 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PNEUMONIA	4 DAYS
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

BY AFFIDAVIT OF

21. I attended the deceased from 11/20/60, to 11/24/60 and last saw her/him alive on 11/24/60
Death occurred at 11:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry L. Knock (Degree or title): MD
22b. ADDRESS: 135 W. ADAMS (22)
22c. DATE SIGNED: 11/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-28-60
23c. NAME OF CEMETERY OR CREMATORY: Mid Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Union, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Schrader Funeral Home Ballwin, Mo.
25. DATE RECD. BY LOCAL REG.: 11-26-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Rapp

Licensed Embalmer No. 458

P. O. Address Ballwin

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.