

16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Maternity</u>		d. STREET ADDRESS (If outside, give location) <u>5649 Ashland</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Martin</u>			4. DATE OF DEATH Month Day Year <u>December 22 1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/22/60</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days <u>3</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>United States</u>
13a. FATHER'S NAME <u>Alphonse Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Lennie Mae Townsend</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Alphonse &amp; Lennie Martin</u>	Address <u>5649 Ashland</u>
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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 <u>3 minutes</u>
IMMEDIATE CAUSE (a)	<u>Asphyxia</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Immature development</u>	
DUE TO (b)	<u>Pressure delivery</u>	
DUE TO (c)	<u>762.5</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 December 22, 1960, to Dec. 22, 1960 and last saw him alive on Dec. 22, 1960  
Death occurred at 9:18 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bill G Floyd M.D.</u>	22b. ADDRESS <u>6305 Kershawway</u>	22c. DATE SIGNED <u>1-3-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>
23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State)

24. FUNERAL DIRECTOR <u>Rowland Mortuary Svc.</u>	ADDRESS <u>4104-06 Manchester</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 5 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith M.D.</u>
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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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