URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 5 1961

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3712 —60—048171 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri — Length of stay in 1b: 8 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Hazelwood, Missouri. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 670 Hazel Valley Dr. — Reside on Farm: Yes ☐ No ☒

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

4. DATE OF DEATH Month December Day 22, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/21/1960
9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 8 — Min.

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

13a. FATHER'S NAME William Martin
13b. MOTHER'S MAIDEN NAME Peggy Hart
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. —
17. INFORMANT Wm. Martin — Address 670 Hazel Valley Drive

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) Premature delivery — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Amniotitis — 2 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

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 2:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS 201 S. Central
22c. DATE SIGNED 12/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/27/1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) Normandy, Missouri (State)

24. FUNERAL DIRECTOR Morrell Mortuary — ADDRESS 3710 North Grand Blvd.
25. DATE RECD. BY LOCAL REG. 12-24-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

Embalming

No **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 Loron E. Percy

Licensed Embalmer No. 409

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.