

AMENDED **FILED NOV 15 1961**

DATE AMENDED 11/21/61	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
	a. COUNTY VAH, ST. LOUIS, MO.		Length of stay in 1b 16 DAYS		a. STATE ILLINOIS b. COUNTY		c. CITY OR TOWN EAST ST. LOUIS	
INSTEAD OF Charles A. Martin	b. CITY (If outside corporate limits, give TOWNSHIP only)		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	VAH, ST. LOUIS, MO.		16 DAYS		EAST ST. LOUIS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DOCUMENT Fun. Dir.	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	VAH, ST. LOUIS, MO.		X		565 N. 25 st.		X	
SHOULD READ Chester A. Martin	3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
	First OTHA		Middle NMI		Last MARTIN		Month 11/10/61	
BY AFFIDAVIT OF Fun. Dir.	5. SEX MALE		6. COLOR OF 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 7/19/90	
	9. AGE (last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY UNION CO. KENTUCKEY		11. BIRTHPLACE (City and state or country) U.S.A.	
MEDICAL CERTIFICATION	13a. FATHER'S NAME CHRISTOPHER C. MARTIN				13b. MOTHER'S MAIDEN NAME MARY TEAR			
	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) YES			
BY AFFIDAVIT OF Fun. Dir.	16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic adenocarcinoma of the rectum				17. INFORMANT CHESTER CHARLES A. MARTIN (BROTHER) Address 8529 PAYEUR AVE E. ST. LOUIS, ILL			
	Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 5 mo.			
BY AFFIDAVIT OF Fun. Dir.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) acute pyelonephritis				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 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.) 154X			
BY AFFIDAVIT OF Fun. Dir.	20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____		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. VA attended the deceased from 10/25/61 to 11/10/61 and last saw him alive on 11/10/61		22a. SIGNATURE William Lerney M.D. (Degree or title)		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11/10/61	
BY AFFIDAVIT OF Fun. Dir.	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-12-61		23c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park		23d. LOCATION (City, town, or county) (State) E. St. Louis Ill	
	24. FUNERAL DIRECTOR C. G. Kurrus, Jr., E. St. Louis, Ill		25. DATE RECD. BY LOCAL REG. NOV 10 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

Not embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Mrs Charles G Kurren*

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Ill

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.