

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039600

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2921

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

THEM NO. SHOULD READ

1. **FILED** OCT 24 1961

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. COUNTY St. Louis b. CITY OR TOWN Richmond Heights Length of stay in lb 1 day c. CITY OR TOWN Webster Groves Inside Limits Yes No

a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Webster Groves Inside Limits Yes No d. STREET ADDRESS 53 Turf Court Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Joseph Middle Wilson Last Martin 4. **DATE OF DEATH** Month 10 Day 17 Year 1961

5. **SEX** M 6. **COLOR OR RACE** W 7. **Married** Never Married Widowed Divorced 8. **DATE OF BIRTH** 7-29-1909 9. **AGE** (last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Mar. Acct & Operations 10b. **KIND OF BUSINESS OR INDUSTRY** McKesson Robins 11. **BIRTHPLACE** (City and state or country) Near Marion Illinois 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Frank Martin 13b. **MOTHER'S MAIDEN NAME** Dona Chomness 14. **NAME OF HUSBAND OR WIFE** Mary Lasley Martin

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1 17. **INFORMANT** MARY LASLEY MARTIN Address 53 TURF CT.

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency Interval between ONSET AND DEATH 4 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis 1957

DUE TO (c) Coronary occlusion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus

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 11:15 a.m. Month, Day, Year 10/17/61

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** Marion Illinois COUNTY STATE

21. I attended the deceased from 1951 to 10/17/61 and last saw her/him alive on 10/19/61. Death occurred at 11:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** Joseph Wilson (Degree) MD 22b. **ADDRESS** 3915 Webster 22c. **DATE SIGNED** 10/17/61

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Removal 23b. **DATE** 10-20-1961 23c. **NAME OF CEMETERY OR CREMATORY** Marion Cemetery 23d. **LOCATION** (City, town, or county) Marion Illinois (State)

24. **FUNERAL DIRECTOR** Mittelberg ADDRESS Webster Groves, Mo. 25. **DATE RECD. BY LOCAL REG.** 10-18-61 26. **REGISTRAR'S SIGNATURE** John C. Murphy Md.

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 Oliver R. Sadler

Licensed Embalmer No. 4077

P. O. Address St Louis

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.