

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009303
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 691

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
14002
24043
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS -

ITEM NO. SHOULD READ

DOCUMENT

FILED MAR 8 1962

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Length of stay in 1b 1 HR 45 MIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS COUNTY Hos. 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 Wellston Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 6217 Suburban Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JAMES Middle ANDREW Last MARTIN 4. DATE OF DEATH Month FEB. Day 18 Year 1962

5. SEX MALE 6. COLOR OR RACE NEGRO 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-18-62 9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days 45 IF UNDER 24 HR Hours 1 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) CLAYTON, MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME — 13b. MOTHER'S MAIDEN NAME DORIS MARTIN 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — 16. SOCIAL SECURITY NO. — 17. INFORMANT St. Louis County Hosp, Clayton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pari-posture & infra-cerebellar subarachnoid hemorrhage
DUE TO (b) Prematurity
DUE TO (c) —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 2-18-62 to 2-18-62 and last saw him alive on 2-18-62
Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur L. Howe M.D. 22b. ADDRESS 601 S. Brentwood, Clayton 5 22c. DATE SIGNED 2/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation 23b. DATE 2-26-62 23c. NAME OF CEMETERY OR CREMATORY City Crematory 23d. LOCATION (City, town, or county) (State) St. Louis, Mo

24. FUNERAL DIRECTOR St. Louis County Hospital Clayton, Mo ADDRESS — 25. DATE RECD. BY LOCAL REG. 2-26-62 26. REGISTRAR'S SIGNATURE John C. Murphy Md.

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

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.