MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012971 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2921

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
4003-3 K			
3			
4 1			
5 2			
6			
7 1			
8 2			
9			
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11			
12 68-0			
13			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist — 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: Kirkwood — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 524 Mistletoe Lane — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Minnie Middle: Maria Last: Martin
4. DATE OF DEATH: Month 3 Day 16 Year 62
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 9-22-72
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Bay City Michigan
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Daniel C. Starr
13b. MOTHER'S MAIDEN NAME: Lamanda Weed
14. NAME OF HUSBAND OR WIFE: Albert Edw. Martinn
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.: None
17. INFORMANT: Mrs. Ruth L. Harvey Address: 524 Mistletoe Ln

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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 4 years
DUE TO (c) Arteriosclerotic Heart Disease & Senility — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0
Osteo Arthritis, Pulmonary Congestion, Poor Vision

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 1940, to 3/16/62 and last saw her/him alive on 3/15/62
Death occurred at 6 am 3/16/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh Haynes MD
22b. ADDRESS: 3720 Washington Ave
22c. DATE SIGNED: 3/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-19-62
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Memorial Cemetery
23d. LOCATION (City, town, or county): Springfield (State): Mo

24. FUNERAL DIRECTOR: MITTELBERG FUNERAL HOME INC. ADDRESS: WEBSTER GROVES 23 W LOCKWOOD BLVD
25. DATE RECD. BY LOCAL REG.: MAR 16 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 J Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis 8 Mo.

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.