

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)
In this community 25 Years

3. (a) PRINT FULL NAME Arthur Martin 63.5

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493 10 5838

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adeline Begemann Martin 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. 20, 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Roadhouse Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation St. Louis Screw Co.

11. Industry or business _____

12. Name Harvey Martin

18. Birthplace Ill.
(State or foreign country)

14. Maiden name Harriet Webb

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Adeline Martin
(b) Address 2512A No. 14, Th. St.

17. (a) Burial (b) Date thereof Jan. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebonon Ill., Strook Carroll

18. (a) Signature of funeral director _____
(b) Address 4600 Natural Bridge

19. (a) JAN 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 2512A No. Fourteenth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1940 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from January 8, 1940, to January 21, 1940; that I last saw him alive on January 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Pathology

Due to Congenital Heart Disease

Due to 93

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Congenital Heart Disease

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. E. Friedwald (M. D. or other) _____
Address 1515 Lafayette Date signed 1/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Sheldon Collier

Licensed Embalmer No. *3382*

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 this body is not embalmed, above space should be left blank.