

S. No. 2
OM-5-42
v. 5-17-39
X32873

28982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 6 1942 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 8039

1. PLACE OF DEATH

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution Farmersdale Lodge
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED

(a) State Mo County St Louis
(c) City or town St Louis
(d) Street No. NR 4C
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Carl Martin

3. (b) If veteran, name war nil
3. (c) Social Security No. 238-10-7617

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1942 hour 17:50 minute A M.
I hereby certify that I attended the deceased from

4. Sex male 5. Color W race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beatrice
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased April 10 1908
(Month) (Day) (Year)

that I last saw h..... alive on....., 19....., to....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Diaphragmatic Hernia; Death dilatation of Stomach
Due to.....

8. AGE: Years 34 Months 5 Days 17 hr. min.

Due to.....
Other conditions (Include pregnancy within 9 months of death) 1/2 year!

9. Birthplace Stanesville N C (City, town, or county) (State or foreign country)
10. Usual occupation Button Gun operator
11. Industry or business Button
12. Name Algie Martin
13. Birthplace Carson County N C
14. Maiden name Ella Curtis
15. Birthplace Ashville N C

Major findings: Of operations Removal
Of autopsy.....
PHYSICIAN Removal
Underline the cause to which death should be charged statistically.

16. (a) Informant Leonard Martin
(b) Address 7805 N Grand
17. (a) Ship RR (b) Date thereof 9 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Mountain
18. (a) Signature of funeral director Guy Miller N C
(b) Address 5041 Depue
19. (a) SEP 28 1942 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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 3
23. Signature Thomas F Callahan (Name) (Other)
Address Deputy Coroner Date signed 9/29/42

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

583

Handwritten mark

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Harold F. Rowland*

Licensed Embalmer No. *3114*

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, fact should be so stated above.