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DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CENSUS 1946
FILED NOV 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35387

State File No. _____
Registrar's No. 9069

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4403a Hunt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Arthur Vernon Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-07-9606

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 5, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 0 18 hr. min.

9. Birthplace Maples Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Welder
Century Electric Co.

11. Industry or business _____

12. Name William Martin

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Reddick

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

16. (a) Informant Nellie Martin
(b) Address 4403a Hunt Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/24/46
(Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) Oct 23 1946 (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4403a Hunt
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Oct day 23
year 1946 hour 12.50 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to gun shot wound right side of head self-inflicted at his home
Due to Oct 23 1946
about 12:50 A.M.

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

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct 23 1946
(c) Where did injury occur? St. John's
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury As above
23. Signature Patrick E. Taylor (M.D. or other) Dep. Cor 3
Address 1300 Clark Date signed 10-23-46

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

34205

60-6
1817
10

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.....

Henry Eymack

Licensed Embalmer No..... *1284*

P. O. Address..... *St Louis 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 this body is not embalmed, fact should be so stated above.