50M—1/47
Rev. 5-17-39

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

FILED MAR 16 1948

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 110307

Registration District No. 397 Primary Registration District No. 6076 Registrar's No. 571

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)
In this community 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No. 4021 Monroe Street (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME MARTIN, Robert H.
3. (b) If veteran, name war SPAW
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 22 (Day) 1876 (Year)

8. AGE: Years 71 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Franklin County, Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar
(b) Address VA Hospital, Jeff. Brks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mapel Hill
18. (a) Signature of funeral director H. B. Brayfield
(b) Address Sisser Ill.
19. (a) 3-2-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's Signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1948 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from February 21st, 1948 to February 28th, 1948; that I last saw him alive on February 28th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerotic Heart Disease. Healed myocardial infarctions.
Due to Contributory cause: Multiple Pulmonary infarctions.
Due to ~~[illegible]~~ 944
Other conditions (Include pregnancy within 3 months of death) 932
Major findings: Of operations
Of autopsy See above

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. L. LUCIDO (M. D. ~~or other~~)
Address Jefferson Brks., Mo. Date signed 2/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 8 1948
VITAL & RECORDS

MAR 16 1948

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 Howard H. Rawland

Licensed Embalmer No. 3114

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.