

MARTIN  
FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

38807  
State File No. 9274

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) OR WKS **6**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Jewish Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **4470 Laclede Ave.**

**3. NAME OF DECEASED**  
a. (First) **Marguerite**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Martin**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Oct. 31, 1950**

**5. SEX** **F.**  
**6. COLOR OR RACE** **W.**

**7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**S.**

**8. DATE OF BIRTH**  
**May 5, 1894**

**9. AGE** (in years last birthday) **56**  
If UNDER 1 YEAR: Months **5** Days **28**  
If UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**At Home**

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country)  
**St. Louis, Mo.**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.**

**13a. FATHER'S NAME**  
**Joseph V. Martin**

**13b. MOTHER'S MAIDEN NAME**  
**Mary E. Holloren**

**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

**16. SOCIAL SECURITY NO.**  
**none**

**17. INFORMANT'S SIGNATURE OR NAME** **Mr. John Martin**  
**ADDRESS** **4470 Laclede Ave.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Granulomatosis (diffuse)**  
**ANTECEDENT CAUSES** **Unknown origin**  
**Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
**DUE TO (b)** \_\_\_\_\_  
**DUE TO (c)** **Will be glad to give supplemental report**  
**11. OTHER SIGNIFICANT CONDITIONS**  
**Conditions contributing to the death but not related to the disease or condition causing death.** **After autopsy is complete.**

**INTERVAL BETWEEN ONSET AND DEATH**  
**27 years**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**  
YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_

**21e. INJURY OCCURRED**  
WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**  
**578X**

**22. I hereby certify that I attended the deceased from** **Oct 1949**, to **Oct 31, 1950**, that I last saw the deceased alive on **Oct 30, 1950**, and that death occurred at **7:30** m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title)  
**W. Alexander Smith, M.D.**

**23b. ADDRESS**  
**Webster Brown**

**23c. DATE SIGNED**  
**10-31-50**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**Burial**

**24b. DATE**  
**Nov. 2, 1950**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Calvary Cemetery**

**24d. LOCATION** (City, town, or county) (State)  
**St. Louis, Mo.**

**DATE REC'D BY LOCAL REG.**  
**Nov 1 1950**

**REGISTRAR'S SIGNATURE**  
**J B Lassiter**

**25. FUNERAL DIRECTOR'S SIGNATURE** **Arthur J. Donnelly**  
**ADDRESS** **340 Lindell Blvd.**

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

me

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.

Student Embalmer No. ....

Signed Thomas R. Ferwick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.