

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26680

State File No.

DEATH NO. JUL 31 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6630

| | | | | | |
|---|------------------------------------|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis, Missouri</u> | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>JUG 9</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>9010 Edna St</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) c. (Last) <u>MARTIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2, 1953</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 3rd, 1887</u> | 9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>65</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>McCarthy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Catherine</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Martin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>495-16-1749</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Martin, 9010 Edna St.,</u> | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>THYROTOXICOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) <u>252.0</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>6-30-53, 19</u> , to <u>7-2-53, 19</u> , that I last saw the deceased alive on <u>7-2-53, 19</u> , and that death occurred at <u>1:20P m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William A. Traub, M.D.</u> | | | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | | 23c. DATE SIGNED <u>7-3-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>July 6th, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 6 1953</u> | | REGISTRAR'S SIGNATURE <u>Clark Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Etienne R. Remelius

Licensed Embalmer No. 4283

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.