URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960 318 1003 -60-024749

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6163 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 5 Days

c. CITY OR TOWN East St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 512 South 18th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MAT Middle Last MARTIN

4. DATE OF DEATH Month JUNE Day 14, Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/25/13

9. AGE (last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Unemployed

11. BIRTHPLACE (City and state or country) Golston, Miss.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILL MARTIN

13b. MOTHER'S MAIDEN NAME CALLIE (UNKNOWN)

14. NAME OF HUSBAND OR WIFE LUCY ANN MARTIN

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

16. SOCIAL SECURITY NO. 425-30-3270

17. INFORMANT Lucy Ann Martin, Address E.St.Louis 512 South 18th Street,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 3 mos

DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Right Hemiplegia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 8, 1960 to June 14, 1960 and last saw her/him alive on 6/14/60

Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur Mackson, M.D.

22b. ADDRESS 1324 Mother E St Louis

22c. DATE SIGNED 6/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/20/60

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR Marion E. Offner — ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG. JUN 16 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frank Prokop

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.