SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8538 61-034677 STATE FILE NUMBER

FILED SEP 21 1961

1. PLACE OF DEATH a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b 18 Days | c. CITY OR TOWN Webster Grove | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital | Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) 8122 Big Bend Blvd. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Donald Middle Wayne Last Martin | 4. DATE OF DEATH Month Sept. Day 19 Year 1961

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 1-4-1939 | 9. AGE (last birthday) 22 | 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) Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Automobile | 11. BIRTHPLACE (City and state or country) Pevely, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Joseph Martin | 13b. MOTHER'S MAIDEN NAME Dorthy Jane Agger | 14. NAME OF HUSBAND OR WIFE Shirley Heying

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Shirley Heying | Address Foristell, Mo. R.R.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH 2 mo?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF STOMACH — 12 mo??

DUE TO (c) 151 X

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

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 2-10-61, to 9-11-61 and last saw her/him alive on 9-11-61

Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William R Green M.D | 22b. ADDRESS 7200 MANCHESTER | 22c. DATE SIGNED 9-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-14-1961 | 23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery | 23d. LOCATION (City, town, or county) Wentzville, (State) Mo.

24. FUNERAL DIRECTOR T.E. Pitman Funeral Home | ADDRESS Wentzville, Missouri | 25. DATE RECD. BY LOCAL REG. SEP 13 1961 | 26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

NOV 29 1967

DEC 14 1967

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_____
Signature of Student Embalmer

Signed Charlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Westville

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

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