MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16082

1. PLACE OF DEATH

County St. Charles Mo. Registration District No. 757 File No.

Township " " Primary Registration District No. 9036 Registered No. 75

City St. Charles Mo. (No. 417 Jackson st St. 1st Ward)

2. FULL NAME Alvina Marten

(a) Residence. No. 417 Jackson st St., 1st Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred always lived here yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-16-1864

7. AGE: Years 62 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer: "

9. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: August Marten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Westphalia
(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER: Cristina Becker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Charles County Mo.

14. INFORMANT Mr Herman Rieff
(Address) St Louis Mo

15. FILED 5-19, 1927 Otto Beckemeier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-18-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to May 17, 1927, that I last saw h.r. alive on May 17, 1927, and that death occurred, on the date stated above, at 5.20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Ovaries
4 yr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 yr
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? /

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 18-1927

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. L. L. Hardin & F. G. Trinta, M. D.

May 19, 1927 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lutheran Cemetery

DATE OF BURIAL: 5/20/1927

20. UNDERTAKER: Steinbrinker Furniture Co.

ADDRESS: St. Charles, Mo.