WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

20023

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5789

City St. Louis (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Joseph J. Martin

(a) Residence No. 4413 Oakland Av. St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Delia E. Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1880

7. AGE: Years 47 | Months — | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Thomas J. Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Johanna Barry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Delia E. Martin
(Address) 4413 Oakland Av.

15. FILED JUN 23 1927 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from 6/1/27, 19 6, to 6/21/27, 19 ..... that I last saw him alive on 6/21/27, 19 ....., and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis chronic

131 B
132 B

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) ..... yrs. ..... mos. 4 ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

6/22/27 19 (Signed) O. T. Falk M. D.
(Address) Univ. Clot Bldg

*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: Calvary Cemetery
DATE OF BURIAL: 6-24-1927

20. UNDERTAKER: Kriegshauser U. Co. Manchester Av.
ADDRESS 4104

Dr Talk Univ. Club. Bldg.
2-5 P.M.