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

Do not use this space.

31818

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 9175

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Rose Martin

(a) Residence. No. 2801 Clara St., 6 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: Female
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: John B Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown abt 1866

7. AGE: Years abt 61 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 82.15
(c) Name of employer: 97

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Albert Hemberger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Europe
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Mrs John Kelly
(Address) 2801 Clara

15. FILED OCT 15 1927 19.. May C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from abt 9-28 1927, to Oct 14 1927 that I last saw him alive on Oct 14 1927, and that death occurred, on the date stated above, at 7 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralitic Stroke
At 10 PM Oct 13-27
Hemiplegia due to arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General Arterial Sclerosis
(duration) yrs. month ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2403 N Sarah

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 7-27
Only tested for abdomen
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) C J Prickett, M.D
10-14 1927 (Address) Sauna Studio 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
DATE OF BURIAL: 10-17 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr G. E. [illegible]

[illegible]

[illegible]

7747

1-3

requested to make every effort to
cated by check marks, lacking from the death certificate:

Name: Rose Martin

Who died at: St. Louis, Mo. on Oct. 14. 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 74 A.M.

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Paralytic Stroke, at 10 P.M. Oct. 13. 27 Hemiplegia due to arteriosclerosis

Contributory: General Arteriosclerosis, Operation of draining the abdominal cavity for dropsy due to

Where was disease contracted? arteriosclerosis. Information given over Phone By Dr. C. L. Packett. Cor. of R. S.

Did operation precede death? Yes Date of 4-4-28

Was there an autopsy? _____ What test confirmed diagnosis? _____

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