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

Do not use this space.

3041

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. F 642

City St Louis (No. 4552 W. Papin St. ..... St. ..... Ward)

2. FULL NAME Frank P. Martin

(a) Residence. No. 4552 W. Papin St., 18 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-16-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	11	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Noonan & Kocian

9. BIRTHPLACE (CITY OR TOWN) Melrose
(STATE OR COUNTRY) Mass

PARENTS

10. NAME OF FATHER Jeremiah Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass.

12. MAIDEN NAME OF MOTHER Abbie A Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass

14. INFORMANT Mary Kennessey
(Address) 4552 W Papin St

15. FILED JAN 18 1928 19 Max C Starkcoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21st, 1927 to Jan 17th, 1928 that I last saw him alive on Jan 16th, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart.
Chronic Myocarditis (Senile).
93C
95B
16L
90B (duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (SECONDARY)
Senility (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) Alexander J. Kotkis, M. D

, 19 (Address) #4119 Farlin Ave.

*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	DATE OF BURIAL
Valhalla Ave.	Jan 19 1928
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar

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.