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.

3580

1. PLACE OF DEATH

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

Township..... Primary Registration District No. 1003 Registered No. 1243

City St. Louis (No. Marine Hosp. 3640 Marine Avenue St. ..... Ward)

2. FULL NAME Henry Martin

(a) Residence. No. 3640 Marine Avenue St., 24 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67		7	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Marine Hospital, St. Louis

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Jacob Martin

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

12. MAIDEN NAME OF MOTHER May Miller

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

14. INFORMANT Walter Henderson
(Address) 3640 Marine Ave

15. FEB -2 1928 Filed..... 19 Mary Starkloff Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1928, 19..., to Jan. 31, 1928, 19..., that I last saw him alive on Jan. 31, 1928, 19..., and that death occurred, on the date stated above, at 6:10 p.m. ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
824
37
103 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypertension, Arteriosclerosis
Unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) J. B. Gilmer, M. D
2/1, 1928 (Address) 3640 Marine 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 S. S. Peter & Paul Cem. DATE OF BURIAL Feb. 2 1928.

20. UNDERTAKER Ziegenhain Dia. 2623 ADDRESS Cherokee St.