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

Do not use this space.

18421

File No. .....

Registered No. 122

1. PLACE OF DEATH

County: St Louis — Registration District No. 470

Township: ..... — Primary Registration District No. 6248 R

City: Richmond Heights (No. St. Marys Hosp. St. ..... Ward)

2. FULL NAME: Arthur L Martin

(a) Residence. No. 2050 Blendon Pl St., ... Ward. St Louis, Mo.
(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.

JUL 9

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: 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: Stella Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 17 1877

7. AGE: Years 50 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesmanager
(b) General nature of industry, business, or establishment in which employed (or employer): 1926
(c) Name of employer: Perfection Mfg Co

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

PARENTS

10. NAME OF FATHER: W H Martin

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

12. MAIDEN NAME OF MOTHER: Sophie Collaffy

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

14. INFORMANT: Stella Martin
(Address) 2050 Blendon

15. FILED: 5/19, 19 28 — Registrar: C. L. Jensen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 16 1928

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to May 16, 1928, that I last saw h. alive on May 16, 1928 and that death occurred, on the date stated above, at 6.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Broncho Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Pyelitis

(duration) ..... yrs. ..... mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 24

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. Lineberry, M. D.

, 19 (Address) 2416 Sutton

*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: Oak Grove — DATE OF BURIAL: 5/18 1928

20. UNDERTAKER: Augustin Funeral Co — ADDRESS: 4234 Manchester