P 27 1928

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

Do not use this space.

31428

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 135
City St Charles (No. St Joseph Hospitle St. 2 Ward)

2. FULL NAME Child of Ida and Ben Martin
(a) Residence. No. R R #2 St Charles Co Mo St., — 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 – 1928

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day — hrs. or 30 min.

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

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

PARENTS
10. NAME OF FATHER Ben Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Charles Co Mo
12. MAIDEN NAME OF MOTHER Ida Niemeier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Charles Co Mo

14. INFORMANT Ben Martin
(Address) St Charles Co Mo.

15. FILED 9/8, 1928 Hy G Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 – 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 8, 1928 that I last saw her alive on Sept 8, 1928, and that death occurred, on the date stated above, at 6:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage due to birth injury
[illegible]
(duration) — yrs. — mos. 30 min. — ds.

CONTRIBUTORY (SECONDARY) 1 1/2
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jm. Jenkins, M. D
9/8, 1928 (Address) St. Charles, Mo.

*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: Fredens Cemetery ~~Steinbrinker Furn Co~~ — DATE OF BURIAL: Sept 9 – 1928

20. UNDERTAKER: Steinbrinker Furn Co — ADDRESS: St Charles Mo

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.