

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

Do not use this space.

10247

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 7003
 City St. Louis (No. 1835) 9th St. 23 Ward

File No.....
 Registered No. 2207
 St. Ward)

2. FULL NAME

Joseph L. Martini
 (a) Residence, No. 1835 9th St., 23 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. da. 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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1889

7. AGE YEARS 41 MONTHS 0 DAYS 3 If LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER Math. Martini

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Lulu Martini
 (Address) 1835 9th St

15. FILED Mar 5 1930 REGISTRAR Max C. Barker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-2-1930 A.M., 1930, to 3-2-1930 P.M., 1930 that I last saw him alive on 3-2-1930, and that death occurred, on the date stated above, at 9:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of the heart
11:00
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Acute Gastritis from eating greasy soup
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. F. Murray, M. D.
 , 19 (Address) 1831-8 9th St.

*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 New St. Marcus DATE OF BURIAL Mar 5 1930

20. UNDERTAKER Wacker-Helderle ADDRESS 2331-5 Blum

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.

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