

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

Do not use this space.

34942

1. PLACE OF DEATH

County _____ Registration District No. 1003
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. _____) Sanitarium _____ St. _____ Ward _____

File No. _____
Registered No. 10341
St. _____ Ward _____

2. FULL NAME

Albertina Marti
(a) Residence. No. 616 Ardmore St., 13 Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. 10 mos. 26 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 5, 1860</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>10</u>	<u>25</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>Unknown</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>France</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>			

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30th 1930
17. HEREBY CERTIFY, That I attended deceased from July 28th 1930 to Oct 30th 1930 that I last saw her alive on Oct 30th 1930, and that death occurred, on the date stated above, at 8:25 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
902

(duration) 1+ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-Sclerosis
(SECONDARY) (duration) 1+ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Herbert J. Smith, M.D.
10/30, 1930 (Address) 5400 Arsenal 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.

14. INFORMANT Herbert J. Smith
(Address) 5400 Arsenal St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul's Churchyard DATE OF BURIAL Nov 7th 1930

15. FILED 31 1930 REGISTRAR _____

20. UNDERTAKER M. J. ROBERT & Co. ADDRESS 1905 1/2 Grand Blvd.

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 - VITAL RECORDS

