

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

Do not use this space.

15690

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 2625 St. Vincent and 23 Ward)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 4130 (Ward)

**2. FULL NAME**

Adam J. Martin  
(a) Residence No. 2625 St. Vincent and 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
66 2 12

**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) Terminis R.R. Co.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany 11

10. NAME OF FATHER Adam Martin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary E. Martin

(Address) 2625 St. Vincent and

15. FILED 4-19-21 W. J. Martin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-20- 1929, to 4-3- 1931, and that I last saw him alive on 3-20- 1931, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
Auricular Fibrillation  
93C  
95A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) age (duration) 66 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 93C

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram  
(Signed) Brown D. Shuckey M. D.

413 1931 (Address) 3115 So. Grand

\*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 April 6 1931

20. UNDERTAKER Walter Helder ADDRESS 2331 So. Ring

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.

