

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

Do not use this space.

29942

**1. PLACE OF DEATH**

County .....

Registration District No. 707

Township .....

Primary Registration District No. 2003

City St. Louis (No. City Hosp.)

File No. 8996

Registered No. 8996

St. .... Ward)

**2. FULL NAME** Viola Martin

(a) Residence, No. 3916 Westminster Ward. 19  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED divorced

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert L. Martin 1876

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME C. G. Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Hospital of St. Louis City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Home DATE Aug 24 1931

19. UNDERTAKER (ADDRESS) A. Ellis, 510 Delaware

20. FILED 23 30 19 31 W. C. Starnes Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19th. 1931, to Aug. 21st. 1931

I last saw her alive on Aug. 21st. 1931 Death is said

to have occurred on the date stated above at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

(1) chronic myocarditis  
(2) cerebral hemorrhage.

Other contributory causes of importance: atherosclerosis. E.C.A.

chronic nephritis

Name of operation abdominal Date of 13/31

What test confirmed diagnosis? abdominal Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? abdominal Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (M. M. Macenish)

(Signed) (M. M. Macenish) M. D.

(Address) City Hospital

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.

*[Faint handwritten text at the top right corner]*