

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis No. 4136 Flora Blvd

File No. 2725  
Registered No. 424  
St. .... Ward)

**2. FULL NAME**

Edward R. Marten  
(a) Residence, No. 4136 Flora Blvd St., 17 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie E. Marten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 - 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 79

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

MOTHER 13. NAME Francis Marten

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

15. MAIDEN NAME Anderson

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

17. INFORMANT Ray L. Marten  
(ADDRESS) 4361 Flora Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan 14 1932

19. UNDERTAKER Almeny and Co  
(ADDRESS) 5214 East 4th St

20. FILED JAN 14 1932

Registrar. 1/14/32

**MEDICAL CERTIFICATE OF DEATH**

No PHYSICIAN IN ATTENDANCE  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Lobar Pneumonia following fracture of femur tibia, fibula and bones of wrist struck by auto St. Louis Mo. (a pedestrian)

Other contributory causes of importance:

Cerebral Carcinoma

Name of operation? (A) Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Cerebral Carcinoma Date of injury 7-4 1931

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

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

Manner of injury Public Place

Nature of injury Struck by Auto. fracture femur tibia & fibula

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

If so, specify (Signed) J. H. Hurley M.D.

(Address) 5214 East 4th St

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

