

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

Do not use this space.

9925

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 60.33B
 City St. Louis Mo (No. 8975 Tudor av) St. 79 Ward

2. FULL NAME Robert Martin
 (a) Residence, No. 8975 Tudor av St. _____ 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 23 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Boston Mass

MOTHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
 17. INFORMANT Mrs Margaret Eilerman
 (ADDRESS) 3301 Marshall av
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE 3/14 32
 19. UNDERTAKER Stroot & Carroll
 (ADDRESS) 4605 Natl Bridge
 20. FILED 3-12-1932 Wella Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 - 1931 to March 11 - 1932
 I last saw him alive on March 11, 1932. Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterio Sclerosis
 Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____ (D)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Wella Bracy M. D.
 (Address) 6405 E. Cass

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.

APR 28 1932

