

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

Do not use this space.

24134

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4151 Easton Av. (Res.))

File No. _____
Registered No. 6206
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1279 1/2 Hamilton Ward. 5
(Usual place of abode)

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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1874

7. AGE YEARS 47 MONTHS 8 DAYS 4 if LESS than 1 day, _____ hrs. or _____ min.

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

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

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) St. Louis, Mo

13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridget Martin

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Helen Stanton
1279 1/2 Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE July 6 1932

19. UNDERTAKER (ADDRESS) Chas. H. Stewart
1279 1/2 Hamilton

20. FILED 5 15 32 May 15 1932

Registrar. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1932

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

I last saw h_____ alive on _____ Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Other contributory causes of importance:
92A
[Signature]

Name of operation _____ 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
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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) [Signature]
(Address) _____

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.

