

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

Do not use this space.

37615

1. PLACE OF DEATH

County..... Registration District No. 670
Township..... Primary Registration District No. 1000
City St. Louis (No. 2310 a Residence)

File No.....
Registered No. 10292
St. Ward)

2. FULL NAME Barbara Martinis

(a) Residence, No. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 - 5

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 56 yrs

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

13. NAME George Noel

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

15. MAIDEN NAME Barbara Esterer

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

17. INFORMANT George Portel

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul DATE Nov 23 1932

19. UNDERTAKER J. H. Galt

20. FILED NOV 21 1932 Max Stamer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932, to November 20 1932

I last saw her alive on November 20 1932. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Cerebral Hemorrhage Date of onset Nov 18, 1931
131
375
80A 151

Other contributory causes of importance:

Ch. pneumonia
Ch. Interstitial nephritis
Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury....., 19.....

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) James G. Galt, M. D.
(Address) 2767

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.

