

**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. 103
 City St. Louis (No. 1120 S. Tenth) St. _____ Ward _____

24779

File No. _____

Registered No. 6189

2. FULL NAME MAURICE MARTY

(a) Residence, No. 1120 S. Tenth St., M Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18-1861		
7. AGE	YEARS	MONTHS
	72	4
		27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to July 15, 1933
 I last saw him alive on July 14, 1933. Death is said to have occurred on the date stated above, at **6:30 A.M.**

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

*Carcinoma of
 4th Stomach*

Other contributory causes of importance:
4/6

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) C. Y. Kleppel, M. D.
 (Address) 905 Morrison

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	13. NAME Maurice Marty
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	15. MAIDEN NAME Kataleen Fassler
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	17. INFORMANT (ADDRESS) <i>Frank Marty 1120 S. 70th Street</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 17 , 19 33	
19. UNDERTAKER (ADDRESS) <i>A. W. McLaughlin 1631 Missouri Ave</i>	
20. FILED 17 19 33 , 19..... <i>J. Bredeck</i> Registrar.	

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

26
21
9

