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

Do not use this space.
37871

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1008
City St. Louis, Mo. (No. ..... Sanitarium ..... St. ..... Ward)

File No. ..... Registered No. 9459

2. FULL NAME William Martin

(a) Residence, No. 6204 W. Florissant St. 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 23 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: Jewel Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 8, 1891.

7. AGE: YEARS 42 | MONTHS 1 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME: John Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): A Schmiesing MD 5400 arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 4 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co 3840 Lindell Av

20. FILED Nov -2 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 1 — 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to Nov 1, 1933
I last saw him alive on Nov 1, 1933 Death is said to have occurred on the date stated above, at 12 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane (Syphilis)	4/2/33

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Clifford A Schmiesing, M. D.
(Address) 5400 arsenal

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD