

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

Do not use this space.

41250

JAN 26 1934  
96

**1. PLACE OF DEATH**

County St. Louis  
Township Bonhomme  
City Manchester

Registration District No. 785

Primary Registration District No. 6031

File No. \_\_\_\_\_

Registered No. 29

(No. Manchester Nursing Home St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Johanna Martini

(a) Residence, No. 7739 Benmore Ave. St. Lakewood Ward \_\_\_\_\_

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-25-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 7 6

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

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) Austria Hungary

13. NAME Unknown

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

15. MAIDEN NAME "

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

17. INFORMANT Mike Martini

(ADDRESS) 7739 Benmore

18. BURIAL, CREMATION, OR REMOVAL Head SS Peter & Paul DATE 1-3-1934

19. UNDERTAKER Lewis Stoppel

(ADDRESS) Lakewood

20. FILED 1-3 1934 Amahl J. Ingk Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1933 to Dec. 31st, 1933

I last saw her alive on Dec. 31, 1933 Death is said

to have occurred on the date stated above, at 10:45 P.M.

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

Carcinoma of Cervix Uteri  
Carcinoma of Rectum  
Sepemia

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.

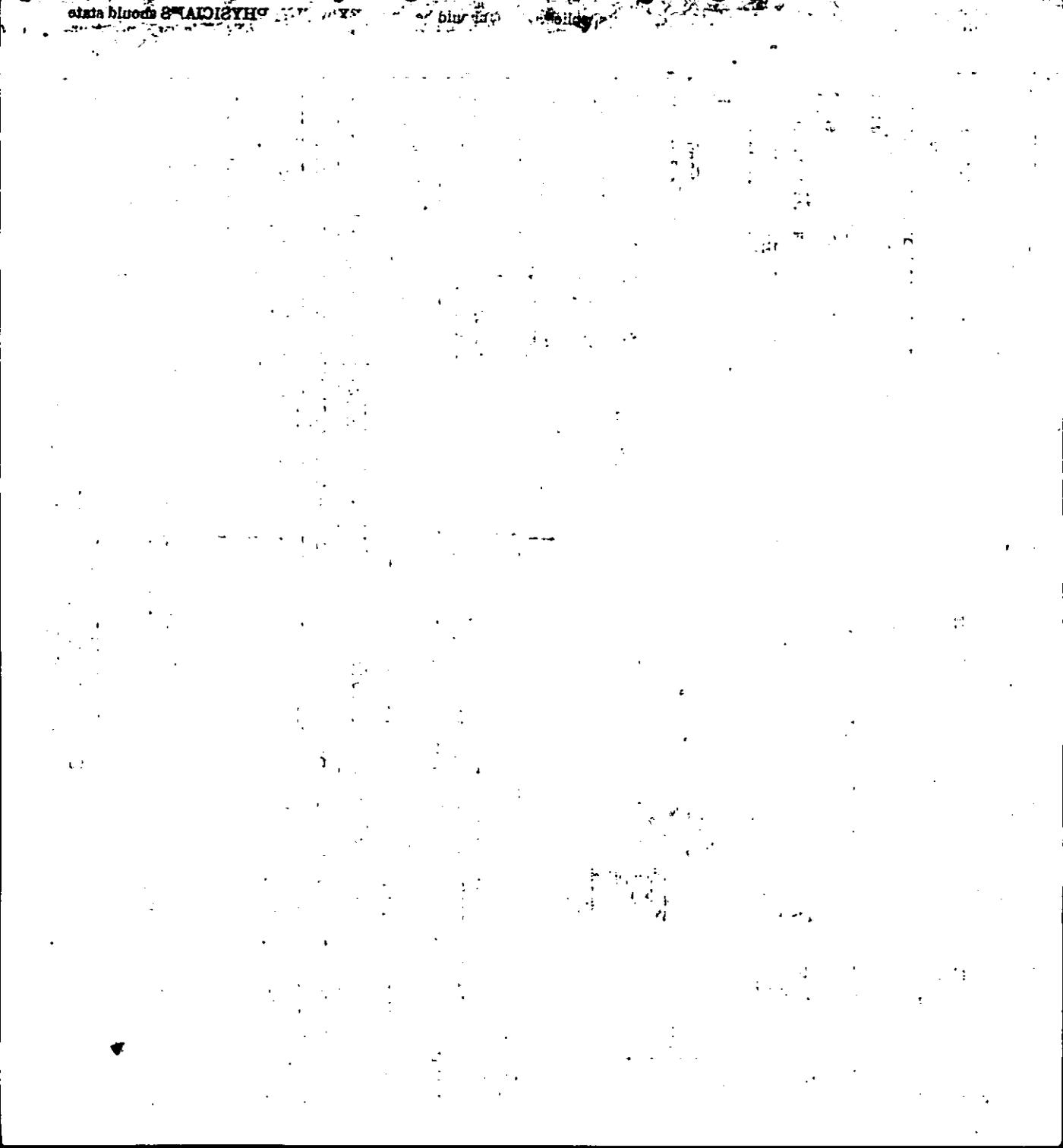
If so, specify \_\_\_\_\_

(Signed) B. P. Loving, M. D.

(Address) Ballwin, Mo.

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.

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235  
121





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STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF VITAL STATISTICS  
MARIQUITA  
MARIQUITA

DATE OF BIRTH: 11/11/1950  
PLACE OF BIRTH: [illegible]

SEX: F  
RACE: [illegible]

EDUCATION: [illegible]

RELIGION: [illegible]

MARRIAGE: [illegible]

RESIDENCE: [illegible]

DATE OF BIRTH: 11/11/1950

MARIQUITA AND STANLEY PAUL MARIQUITA

DATE OF BIRTH: 11/11/1950

DATE OF BIRTH: 11/11/1950  
PLACE OF BIRTH: [illegible]

DATE OF BIRTH: 11/11/1950  
PLACE OF BIRTH: [illegible]

DATE OF BIRTH: 11/11/1950

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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