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.

JAN 26 1934

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

Do not use this space.

41444

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10446

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Liston P. Martow

(a) Residence, No. 9533 Lackland St., 23 Ward. St Louis Co Mo
(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: 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: Rose Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1888

7. AGE: YEARS 45 MONTHS 6 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brakeman
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): Ills

FATHER
13. NAME: Thomas J Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

MOTHER
15. MAIDEN NAME: Margaret Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

17. INFORMANT (ADDRESS): Mrs Rose Martin 9533 Lackland Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Dec 6th, 1933

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

20. FILED DEC -5 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4, 1933

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:20 A m.

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

Carbolic Acid Poisoning — Date of onset

self administered — 163

163

Other contributory causes of importance:

Suicide

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? Suicide Date of injury Dec 4, 1933

Where did injury occur? St Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Suicide

Nature of injury Carbolic Acid Poisoning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Deputy Coroner

12/5/33