

**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 **St. Louis** Primary Registration District No. **1003**
 City (No. **Mo. 1003; Hoop.**) St. Registered No. **22472**
 St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. **8521 Wang** St. **WP** Ward. **Overland, 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 Female		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 Walter R. Martin					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2-1875					
7. AGE YEARS 58		MONTHS 6		DAYS 23	
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) 1933			11. Total time (years) spent in this occupation 38 yrs		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo.					
13. NAME unknown					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
15. MAIDEN NAME					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS) Walter R. Martin 8521 Wang Overland, Mo.					
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana, Mo. DATE 6-28-1934					
19. UNDERTAKER (ADDRESS) Barman Bros Inc Overland, Mo.					
20. FILED 27 Mo. 19 J. Bredeck Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-25-1934**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 25** 19**33**, to **June 25** 19**34**
 I last saw her alive on **June 15** 19**34**. Death is said to have occurred on the date stated above, at **1:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Hypertrophoma, left kidney
 Date of onset **Probably over six months**

Other contributory causes of importance:

Name of operation **Nephrectomy left** Date of **5/2/34**
 What test confirmed diagnosis? **B. d. p. s. y.** Was there an autopsy? **No**

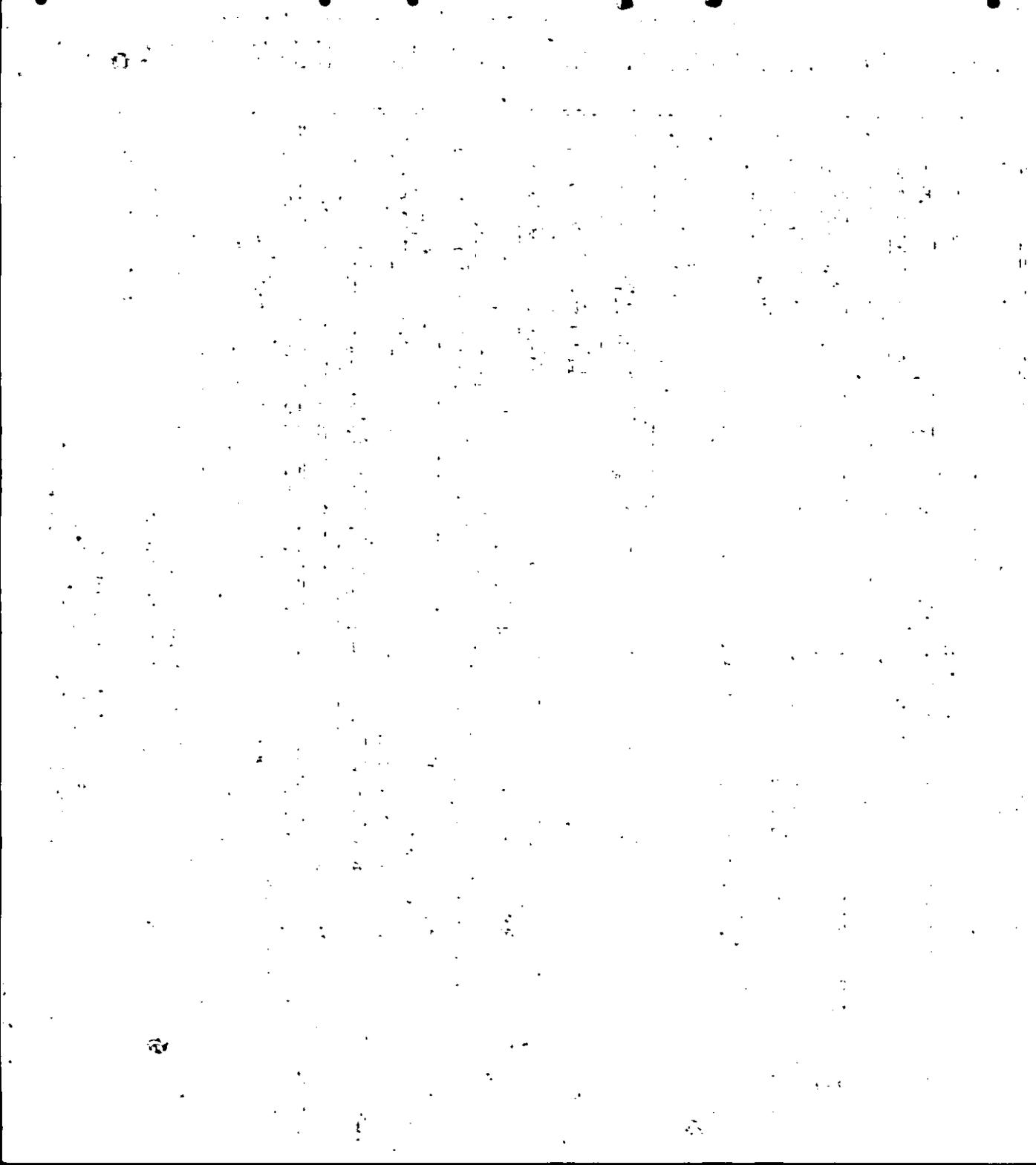
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Adapt Shepper** M. D.
 (Signed) **4500 Olive**
 (Address)

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.



ROLAND S. KIEFFER, M.D.
LISTER BUILDING
ST. LOUIS, MO.

October 16, 1934.

Bureau Vital Statistics,
10 Municipal Courst Bldg.,
St. Louis, Missouri.

Dear Sir:-

Referring to your inquiry of October
sixteenth, relative to Mrs. Gertrude Martin,
wish to advise that all hypernephromata
are malignant.

Very truly yours,

Roland Kieffer

S-22472

St. Louis City

WASHINGTON

22472

6289

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Gertrude Martin*
Who died at _____ on *June 25-1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *58* Months *6* Days *23*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: *Hypernephroma left kidney* Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) *Malignant hypernephroma*
Birthplace of mother (State or country) _____
Principal cause of death: *of left kidney*

Other contributory causes of importance _____
Name of operation _____ Date of _____ *53*
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

X Signature of Registrar *J. F. Budeck* Date filed *10-12-34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____ Very truly yours, *E. T. McGaugh*
Primary Reg. Dist. No. _____ State Registrar
Special Agent.

58-22472