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

Do not use this space.

File No. 26370
Registered No. 236

1. PLACE OF DEATH
County St. Louis — Registration District No. 790
Township — Primary Registration District No. 6033a
City Clayton, Mo. (No. St. Louis Co. Hosp. St. Ward)

2. FULL NAME William R. Martin
(a) Residence, No. 6161 Suburban St., Ward.
(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 Myrtle F. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 1876

7. AGE: Years 57 | Months 7 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER
13. NAME Patrick Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Myrtle F. Martin
(ADDRESS) 6161 Suburban Ave.

18. BURIAL, CREMATION, OR REMOVAL Ypsilanti, Mich. July 23, 1934
PLACE DATE

19. UNDERTAKER Jos. F. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 7/23, 1934 Robt J. Kaufmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21/34, 19

22. 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 1:05 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat collapse. Thurmo-heat. Complained of heat, and in short while collapsed in store, never known to be ill. Was immediately hauled to St. Louis	

Other contributory causes of importance:
County hospital, and died from effects of heat, within thirty five minutes, after being stricken.

Name of operation Coroner's view 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) Luke B. Timon, M.D.
(Address) 3718 Jennings Rd.
Coroner St. Louis Co., 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.

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

AUG 17 1934

1M-11-24-33

MAR 18 1946

JUL 25 1950