

OCT 18 1934

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

Do not use this space.

37524

1. PLACE OF DEATH

County..... Registration District No. 795  
Township..... Primary Registration District No. 3052  
City St. Louis (No. 1221, Montclair Ave) St. Ward

File No. 9968  
Registered No. ....  
St. Ward

2. FULL NAME

Anthony Martinian  
(a) Residence, No. 1221 Montclair St., 6 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Genevieve (Rudolf) Martinian</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9-1891</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>5</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rail road</u>		
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) St. Charles Mo

13. NAME Anton Martinian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage, Verban, Mo

15. MAIDEN NAME Cath. Schneidermeyer

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

17. INFORMANT Anthony Martinian  
(ADDRESS) 1221 Montclair

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cabery DATE Oct 12, 1934

19. UNDERTAKER Brunswick Und Co  
(ADDRESS) 4740 3rd St, Jefferson City

20. FILED CT 27 1934  
J. Bredek  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934 to Oct 9, 1934  
I last saw h. alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 4:25 p.m.

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

Buriosis of liver Date of onset  
Chronic Myocarditis  
Chronic Brights Disease  
Other contributory causes of importance: 12461  
Phipps

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phipps 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 of injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) W. M. Cleaveland M. D.  
(Address) 4356 Horne

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.

CGI 14 1934

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