

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

Do not use this space.

DEC 13 1934

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 5033
 City St. Louis, Mo (No. 50450, Knightsbridge, St. Louis Children's Hosp)
 Ward.....

File No. 40656
 Registered No. 10586

2. FULL NAME

(a) Residence, No. 1917^{1/2} Park Ave St. 22 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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) St. Louis Mo

13. NAME Martin

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

15. MAIDEN NAME Raisel Trease

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

17. INFORMANT Shuehoff
 (ADDRESS) 506 S. 1 Center highway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE Nov. 5, 1934

19. UNDERTAKER D. W. M. Laughlin
 (ADDRESS) 2301 Lafayette Ave

20. FILED NOV - 3 1934 19. John Brederick
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1934, 1934, to Nov. 2, 1934

I last saw him alive on Nov. 2, 1934 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:

Diarhœa and enteritis Date of onset

Nov 2 11 AM

Other contributory causes of importance:
Pneumonia (not following measles or pertussis)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) W. E. Hester, M. D.
 (Address) 500 So. Knightrhighway

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.

