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.

100M-11-24-33

JAN 23 1935

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

Do not use this space.

44263

1. PLACE OF DEATH
County St Louis Co. Registration District No. 333 File No.
Township St. Ferdinand Primary Registration District No. 4468 Registered No. 243
City Ferguson Tw (No. 1030 S Florissant. St. Ward)

2. FULL NAME Wm Fredrick Martin
(a) Residence, No. 1030 S Florissant St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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 Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1882
7. AGE YEARS 52 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Wm. C. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

MOTHER
15. MAIDEN NAME Clara Holthaus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Wm. C. Martin 1030 S. Florissant
18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE Jan. 3 1935
19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.
20. FILED Jan. 2 1935 W. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31/1934 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 12:30PM
The principal cause of death and related causes of importance were as follows:

Date of onset

Shot self thru head, with 38 caliber revolver. Shot self thru right temporal, bullet taking exit in left temporal region. From every evidence suicide.

Other contributory causes of importance:
Has been suffering for some indefinite time with epithelioma of the mouth, upper lip and

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 12/31/34
(Signed) Luke B. Turner, M.D.
(Address) 3718 Jennings Rd, Corner St Louis, Co. Mo

posterior nares cavity.

Secondary; Hemorrhage and shock.