

APR 11 1936

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 _____

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **City, Ind.**)

12867

File No. _____

Registered No. **2928**

2. FULL NAME

(a) Residence, No. **5800 Arsenal St.**, **13** Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1845		
7. AGE YEARS 91	MONTHS X	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Germany		
13. NAME Gustav Martin		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Germany		
15. MAIDEN NAME Bertha Franke		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Germany		
17. INFORMANT (ADDRESS) J. J. Sullivan 5800 Arsenal St		
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 3-10 , 19 36		
19. UNDERTAKER (ADDRESS) Walter Richter 3500 Dutcher St		
20. FILED MAR 17 1936 J. T. Brodeur Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 28**, 19**33**, to **March 1**, 19**36**

I last saw him alive on **March 1**, 19**36**. Death is said to have occurred on the date stated above, at **3:40 P.M.**

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

Other contributory causes of importance:
Senility

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 _____ (Signed) **C. E. Smith**, M. D.
(Address) **5600 Arsenal St. Louis, 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.

