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.

JUL 21 1936

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

Do not use this space.

25009

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6677

City St Louis Mo (No. 1008, No Fourteenth Str. St. ..... Ward)

2. FULL NAME Arthur J. Martin

(a) Residence, No. 1008 No. 14th St. 25 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26th, 1889

7. AGE: YEARS 47 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Minnesota

FATHER

13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

MOTHER

15. MAIDEN NAME dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) From Service record Mr Spraul Home
Veteran Bureau Jefferson Barracks

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial park DATE July 2nd 1936

19. UNDERTAKER (ADDRESS) Henry L. Weidemueller 6203 Gravois Ave.

20. FILED JUL 1 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 16, 1936
I last saw h 8 pm alive on June 16, 1936 Death is said to have occurred on the date stated above, at 1145 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Dont know

07 a

Other contributory causes of importance:

Hard drinker

Name of operation None Date of —
What test confirmed diagnosis? Heart 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? No
If so, specify —
(Signed) S J Palmer, M. D.
(Address) 1525 Franklin Ave

100M-11-24-33