

DEC 3 1936

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

Do not use this space.

42497

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. Isolation Hospital) St. .... Ward)

File No. ....  
Registered No. 10988

2. FULL NAME Walter V. Martin

(a) Residence, No. 1815 Elliot Ave. St. 20 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 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 Frances Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
24 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1 yr.

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

13. NAME Quincy Martin  
14. BIRTHPLACE (CITY OR TOWN) Goodesville, Tenn.  
(STATE OR COUNTRY)

15. MAIDEN NAME Ella Stall  
16. BIRTHPLACE (CITY OR TOWN) St. Louis, MO.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Frances Martin  
(ADDRESS) 1815 Elliot Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Matthews Cem DATE 11/6/36 19.

19. UNDERTAKER Central Trust Co  
(ADDRESS) 1241 Broadway

20. FILE NO. NOV 6 1936 J. T. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3rd, 1936

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 10:23 Am.  
The principal cause of death and related causes of importance were as follows:

*Special Meningitis  
(Epidemic)*

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....

(Signed) Harold P. DeLoach, M. D.  
(Address) St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Coroners Case.