

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County 0054 Registration District No. 791
Township 1003 Primary Registration District No. 1003
City Saint Louis, Missouri 1836a South 9th, Street. St. 1 Ward 1

8889

File No. 2382Registered No. 23822. FULL NAME Matthew Martini.

(a) Residence, No. 1836a South 9th, Street. St. 23 Ward. 1
(Usual place of abode) (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Martini.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15th, 1853.		
7. AGE	YEARS	MONTHS
	83	11
		DAYS
		11
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker	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) Austria13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Mike Martini.
(ADDRESS) 1836a South, 9th, Street.18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S. Peter & Paul March 1st, 193719. UNDERTAKER Ziegenhein Bros.
(ADDRESS) 12623 Cherokee Street.20. FILED FEB 27 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1937, to Feb. 26, 1937I last saw him alive on Feb. 25th, 1937. Death is saidto have occurred on the date stated above, at 4 A. m.

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

Polyneuritis

Date of onset

Other contributory causes of importance:

arterial sclerosis andSenilityName of operation none Date of —What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Louis F. Murphy, M. D.(Address) 1531-8-9 St. 1

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.

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