

APR 27 1937

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

Do not use this space. ✓

1. PLACE OF BIRTH

County St. Louis
Township Jefferson
City St. Louis (No. St. Mary's Hosp.)

Registration District No. 1170
Primary Registration District No. 6248-H.

File No. 13698
Registered No. 51
St. _____ Ward _____

2. FULL NAME

Delia E. Martin

(a) Residence, No. 4413 Oakland Ave. St. _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Joseph J. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1893

7. AGE YEARS 53 MONTHS 9 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ireland

13. NAME Patrick J. Egan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Julia Manning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Glenora Martin
(ADDRESS) 4413 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Feb. 19 1937

19. UNDERTAKER Prosper Mortuary
(ADDRESS) 42128 So. Kingshighway

20. FILED Feb. 16 1937 Sam A. Bassett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1937, to Feb 15, 1937

I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 11:15 P.

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

Date of onset

Cerebral Embolus

3/5/37

Other contributory causes of importance:

Rheumatic Heart Disease
Myocardial Infarction 7 years

Name of operation None Date of _____
What test confirmed diagnosis? All checks Was there an autopsy? yes

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) J. A. Brennan, M. D.

(Address) 837 N. State St.

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.

Dr J. H. Brennan
Mo. Theatre Bldg.
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