

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

Do not use this space.

JUN 12 1937

18208

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **4784**

Township.....

Primary Registration District No. **1003**

Registered No. **4784**

City **ST LOUIS**

(No. in Route City) **Herp #2**

St. _____ Ward _____

2. FULL NAME EUGENE MARTIN

(a) Residence, No. **2905 DELMAR** St. **21** Ward. **1**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **MALE** 4. COLOR OR RACE **COL** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7** 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 1, 1899**

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:30 am** m.

7. AGE YEARS **37** MONTHS **10** DAYS **7** If LESS than 1 day,hrs. ormin.

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

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **Porter**

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hotel**

Arterio Sclerosis
92a
Branches Pneumonia

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

Name of operation..... Date of.....

13. NAME **Eugene Martin**

What test confirmed diagnosis?..... Was there an autopsy? **yes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19____.

15. MAIDEN NAME **Bettie Huston**

Where did injury occur?..... (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **Estella Martin** (ADDRESS) **2905 Delmar**

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Dickson, Ill.** DATE **May 11** 19**37**

Nature of injury.....

19. UNDERTAKER **F. A. Green** (ADDRESS) **2715 Franklin Ave.**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED **MAY 11 1937** **J. Bredeck** Registrar.

(Signed) **Joseph M. Zimm**, M.D. Deputy Coroner

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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