

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

Do not use this space.

1. PLACE OF DEATH **JUL 8 - 1937**

**791
1008**

**22522
6274**

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. **City Hospital #1**) St..... Ward.....
2. FULL NAME **Albert Martin**
(a) Residence, No. **14234 Clinton** St., **26** 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 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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS abt. 82	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>	
11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) City Hospital #1		
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE 6-2-1937		
19. UNDERTAKER (ADDRESS) Centromical Board		
20. FRI JUN 28 1937 J.P. Bredeck Registrar.		

NO PHYSICIAN ATTENDING
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/18 1937**

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 **6 p.m.**
The principal cause of death and related causes of importance were as follows:
Total Pneumonia Date of onset:
Ext. - Infection of right hand, suffered when he caught his hand
Other contributory cause of importance:
on a nail in a barrel, at 2705 No 14th St. in ga about May 11 1937 Time Unknown
Name of operation **accident** 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? **accident** Date of injury **5/11 1937**
Where did injury occur? **St Louis Mo** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Joseph M. Quinn** Deputy Coroner
(Address).....

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.

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3-6/2/37 ✓

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