

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Hospital #1**) St. Ward)

File No. **25294**
Registered No. **6468**

2. FULL NAME **Lillian May Martin**

(a) Residence, No. **424 E. Big Bend** St. **NR** Ward. **Webster Groves, Mo.**
(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 (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 11th, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 23 9 23

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) **Havana,**
(STATE OR COUNTRY) **Illinois**

13. NAME **Harry Rudolph**

14. BIRTHPLACE (CITY OR TOWN) **Columbus,**
(STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Bessie Clark**

16. BIRTHPLACE (CITY OR TOWN) **Kampsville,**
(STATE OR COUNTRY) **Illinois**

17. INFORMANT **Guy S. Martin**
(ADDRESS) **4026 Lagnolia Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Eldorado, Illinois** DATE **July 5th** 19**37**

19. UNDERTAKER **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILE **AUG 5 1937** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 4th** 19**37**

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 **8:15 A.M.**

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

Date of onset

*Adhesive Pericarditis
Aortic Sclerosis; Pulmonary
Congestion
Chronic Aortitis*

Other contributory causes of importance:
Cause unknown

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) **Joseph M. Zuercher, M.D.**
(Address) **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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