

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.

OCT 14 1937

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

32620
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 791
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 2

Primary Registration District No. 1003

Registered No. 8674

BARNES HOSPITAL

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Martha Marie Marken

(a) Residence, No. NR St. East Laughlin, New Mexico
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lawrence Marken
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-28-1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 33 3 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) Boards town
13. NAME Henry Wassmuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Ida Jessen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Hilda Wassmuth
(ADDRESS) Moberly Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE 9-12-37
19. FUNERAL DIRECTOR Pauland Mortuary Service
(ADDRESS) 1237 Washington
20. FILE SEP 15 1937 J. J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937, to Sept 12, 1937
I last saw her alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 11:20 a. m.
The principal cause of death and related causes of importance were as follows:

CHRONIC BRONCHIECTASIS
(NON TUBERCULOUS)
Acute nephritis caused by blood transfusions
PULMONARY HEMORRHAGE
SECONDARY ANEMIA
ACUTE NEPHRITIS - UREMIA
EXPLOR. THORACOT
Name of operation EXPLOR. THORACOT Date of 7/23/37
What test confirmed diagnosis? X-RAY 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) H. H. Garner, M. D.
(Address) BARNES HOSPITAL

8674

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STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Howard F. Rowland
Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)