

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.

00714 1937

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

33055
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 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.

2. PRINT FULL NAME

Baby Martin
 (a) Residence, No. **2200 S. 7th** St. **13**
 (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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1937				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	0	22	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. nil			
	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) St. Louis, Missouri				
FATHER	13. NAME John Martin			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Hurley Schildreth			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT (ADDRESS) Hosp. Info M. Kent				
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 9/30/37 , 19...				
19. FUNERAL DIRECTOR (ADDRESS) David Paul Garrison				
20. FILE SEP 29 1937 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/14/37** 19...

22. I HEREBY CERTIFY, That I attended deceased from **8/23/37**, 19... to **9/14/37**, 19...
 I last saw him on **9/14/37**, 19... Death is said to have occurred on the date stated above, at **8.40 p**
 The principal cause of death and related causes of importance were as follows:
Acute Enteritis
 Date of onset **11/9**

Other contributory causes of importance:
M. about them

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) **J. Bredeck** **City Hospital No. 1**, M. D.
 (Address)

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)