

REC'D APR 11 1938

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

8652

Do not use this space.

1. PLACE OF DEATH

 (a) County.....
 (b) Township.....
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred
Registration District No. 791
1003Primary Registration District No. 2424 Bacon St.Registered No. 2241
 (d) Street No. 2424 Bacon St. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

 Kathryn Martin, 635
 (a) Residence, No. 2428 Bacon St. St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Martin,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 24

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) IrelandFATHER 13. NAME James Howard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandMOTHER 15. MAIDEN NAME Mary Casey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Miss Mary Howard
2428 Bacon St.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE March 7, 193819. FUNERAL DIRECTOR (ADDRESS) Cullinane Brothers
1710 N. Grand Blvd.20. FILED MAR 6 1938 J. T. Bredek Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938, to Mar 4, 1938I last saw h. W. alive on Mar 2, 1938 Death is said to have occurred on the date stated above, at 4 P.M.

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

Date of onset

Myocardial chronic associated with
Ischaemic Heart Disease

Other contributory causes of importance:

Senility and
arteriosclerosis

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

What test confirmed diagnosis? all 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) Chas Hugh Harrison, M. D.(Address) Humboldt Bldg

STATEMENT BY LICENSED EMBALMER

I, Fred Frick Licensed Embalmer No. 3186

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

Fred Frick

Licensed Embalmer No. 3186

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