

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D AUG 22 1938

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

23481

1. PLACE OF DEATH

County ..... Registration District No. .... File No. ....  
Township ..... Primary Registration District No. .... Registered No. ....  
City St. Louis (No. 3800) Fulton Ave. Bethesda Hospital (Ward 6175)

2. FULL NAME Mrs. Mary Martin

(a) Residence, No. 7624 Alabama St. .... 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 F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Engelhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1864

7. AGE YEARS 74 MONTHS 4 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. At Home

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 Mo.

13. NAME Antoine Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Marie Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT: Henry Engelhorn (ADDRESS) 7624 Alabama

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Hellows DATE July 12 1938

19. UNDERTAKER Hendry, Red Co (ADDRESS) 7420 Michigan

20. FILED J. F. Bredet Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1938, to 7-9, 1938.

I last saw her alive on 7-9, 1938. Death is said to have occurred on the date stated above, at 8:25 p.m.

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

acute myocarditis (coronary occlusion) Date of onset .....

Other contributory causes of importance: harricotomy 7/5/38

a sensibility operation for a femoral hernia (left side)

Name of operation permeorrhaphy Date of 7/5/38

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 .....

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. S. Lepenski M.D.

(Address) 3649 W. 12th St. St. Louis Mo.

JUL 11 1938

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.

2014-19-38 I X7294

July 11, 1938

Maria M. Martin has been Embroidered by  
Tony J. Schumacher.

Tony J. Schumacher  
144 Grandview Rd.