

REC'D SEP 12 1938

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

26854

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008** Registered No. **6868**
(c) City **St. Louis** (d) Street No. **Firmin-Desloge Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME

Joseph De Martini **563**
(a) Residence, No. **1421 S. 10th. St.** St. **23**
(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 (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie De Martini**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7th. 1872.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 **5** **24**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Heil Pkg. Co.**
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) **Italy** **7**

FATHER 13. NAME **Joseph De Martini** **7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy** **7**

MOTHER 15. MAIDEN NAME **Sophie De Martini** **7**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT **Nellie De Martini**
(ADDRESS) **1421 S. 10th. St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug. 3rd. 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S Broadway**

20. FILED **AUG 2 1938** **J.P. Bredek**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July, 31st. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 30, 1938, to July 31, 1938**
I last saw him alive on **July 30, 1938** Death is said to have occurred on the date stated above, at **3.45 P.M.**

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

Intestinal Obstruction from adhesions. **1228**
Date of onset **July 27**

Other contributory causes of importance: **massive abdominal adhesions.** **5418 290**

Name of operation **Cecostomy** Date of **July 30/38**
What test confirmed diagnosis? **Autopsy** 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 **Water in Seros** **1, M. D.**
(Signed) **3400 Mesasme**
(Address)

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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

L. E.

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

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)