

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

30647
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH 791

(a) County..... Registration District No. **1008**

(b) Township..... Primary Registration District No. **8084**

(c) City **St. Louis, Mo.** (d) Street No. **2813 North 13th Street** St. **La 24**
(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 **Ida Aurora Martin,**

(a) Residence, No. **2813 North 13th Street** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 OR (OR) WIFE OR **Late Truman Martin,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 28th, 1855**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	83	7	13	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**

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)..... **St. Louis, Mo.** (STATE OR COUNTRY) **U**

FATHER 13. NAME **John Fahring** **U**

14. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo.** (STATE OR COUNTRY) **U**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo.** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Lottie Truman**
(ADDRESS) **2813 North 13th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem** DATE **Sept. 14th, 1938**

19. FUNERAL DIRECTOR (NAME) **Leidner Und. Co.**
(ADDRESS) **1417 N. Market Street.**

20. FILED **SEP 12 1938** **J.F. Budeck**
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 11, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 24th, 1938**, to **Sept 11, 1938**
I last saw her alive on **Sept 5th, 1938**. Death is said to have occurred on the date stated above, at **5:30 P. m.**

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

Arterio Sclerosis. Date of onset **15 yrs ago**

Other contributory causes of importance:
Kyphosis **15 yrs**
Chronic Myocarditis **60 yrs**

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

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....., 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) **Claude H. Allen!**, M. D.
(Address) **5328 Page Blvd. St. Louis, Mo.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No.

16740

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.