

REC'D MAR 13 1939

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

791
10084657
Do not use this space.Registered No. **1350****1. PLACE OF DEATH**

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis. (d) Street No. 3658 West Pine Blvd. St. 19
 (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 Catherine Martin.

- (a) Residence, No. 3658 West Pine Blvd. St. 19
 (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 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 Theodore Martin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 28

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) St. Louis, Mo.FATHER 13. NAME D.K. Lowry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont KnowMOTHER 15. MAIDEN NAME Dont Know.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.17. INFORMANT (ADDRESS) Miss Julet Martin.
3658 West Pine Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 13, 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.
3840 Lindell Blvd.20. FILED FEB 11 1939 J. D. Breck Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939, 1922. I HEREBY CERTIFY, That I attended deceased from 2-9, 1939, to 2-10, 1939

I last saw her alive on Feb. 10, 1939. Death is said to have occurred on the date stated above, at 8:55 A.M.

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

Parkinson's disease Date of onset ?
arteriosclerosis ?
myocarditis, chronic ?

Other contributory causes of importance:

acute Cordeas dilatation 2-10-39

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

What test confirmed diagnosis? Ch. Findings 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? no

If so, specify.....

(Signed) J. D. Breck M. D.(Address) 1200

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

W H Van Matre

Licensed Embalmer No.

2825

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.