

REC'D MAR 13 1939

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

Do not use this space.

1. PLACE OF DEATH Missouri Baptist Hospital 791
County St. Louis, MO Registration District No. 1003
Township Primary Registration District No. 1003
City (No. St. Ward)

2. FULL NAME *635* Infant Martin
(a) Residence, No. 4112 W. Pine St. 19 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.

File No. 5036
Registered No. 1729

PERSONAL AND STATISTICAL PARTICULARS

3. SEX boy	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1939		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation. 0
12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)		
FATHER	13. NAME George H. Martin	
	14. BIRTHPLACE (CITY OR TOWN) Johnson City, Tenn. (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Christine Stevenson	
	16. BIRTHPLACE (CITY OR TOWN) Strong, Ark. (STATE OR COUNTRY)	
17. INFORMANT <i>George H. Martin</i> (ADDRESS) Missouri Baptist Hospital 4112 W. Pine St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2-24-39		
19. UNDERTAKER Ira Hamilton (ADDRESS) City Health Dept.		
20. FILED <i>23 1939</i> <i>J. B. Bideck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1245 P.
The principal cause of death and related causes of importance were as follows:
Premature birth

Other contributory causes of importance:
1939

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *W. S. Johnson*, M. D.
(Address) 405 Wall Bldg.

Date of onset

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.

