

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1008

16719
Do not use this space.

Registered No. 4253

1. PLACE OF DEATH

(a) County 1 Registration District No. 1
 (b) Township 1 Primary Registration District No. 1
 (c) City ST. LOUIS (d) Street No. DE PAUL 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 635 ANNIE MARTIN
3608 ST. MARY'S LANE St. NR NORMANDY MO
 (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 GEORGE MARTIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 22 1864

7. AGE YEARS 74 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) COLLINSVILLE, ILL.

FATHER 13. NAME JOHN CAPE 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER 15. MAIDEN NAME UNKNOWN 9

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

17. INFORMANT (ADDRESS) Mrs. Maria Gianini
3608 St. Mary's Lane Normandy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE 5/8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. M. Schumacher
4834 Natural Bridge

20. FILED MAY 8 1939 J. F. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-24 - 1939, to 5-4 - 1939
 I last saw him alive on 5-4 - 1939. Death is said to have occurred on the date stated above, at 7:40 P. m.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 5-1-39
1081

Other contributory causes of importance:
Diabetes Mellitus
Arteriosclerosis
 Name of operation no Date of 1920

What test confirmed diagnosis? Chemical 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: no
 (Signed) Ray Johnson M. D.
 (Address) Ferguson Mo

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.

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 Ketter

Licensed Embalmer No. 3880

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.