

REC'D JUN 12 1939

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

16854  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township St. Louis, Mo. Primary Registration District No. .... Registered No. 4388  
(c) City ..... (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 JULIUS MARTIN

(a) Residence, No. 1446 John Ave. St. 9 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Martin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1, 1855</u>				
7. AGE YEARS <u>83</u>	MONTHS <u>6</u>	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Self</u>			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... <u>not known</u> <u>0</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Gottlieb Martin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u> <u>0</u>			
17. INFORMANT <u>Harry J. Martin</u> (ADDRESS) <u>1446 John Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>May 12</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR <u>A. H. Brown R &amp; U. Co.</u> (ADDRESS) <u>2707 N. Grand</u>				
20. FILED <u>MAY 11 1939</u> <u>J. B. ...</u> Local Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased (from Apr. 26, 1939 to May 9, 1939)  
I last saw him alive on May 9, 1939 Death is said to have occurred on the date stated above, at 8.30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Heart Disease, Coronary Artery Disease, Atherosclerosis, Hypertension, Diabetes Mellitus, Chronic Bronchitis, Emphysema, and Cerebral Arteriosclerosis.

Other contributory causes of importance:  
Age, debility, and old age.

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? no  
If so, specify Death unrelated M. D.  
(Signed) Dr. ...  
(Address) 2202 University

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I 121004

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knollenberg, Licensed Embalmer No. 4631

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

..... L. E. ....

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knollenberg

Licensed Embalmer No. 4631

**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.)**