

REC'D JUN 12 1939

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

16909
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City St. Louis, Mo. (d) Street No. 2212 Olive St. Registered No. **4443**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Sam Martin

(a) Residence, No. 2212 Olive St. St. **21**
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1903 Feb. 6

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
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) Mound Bayou
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME Marris Martin
14. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Curry
16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

17. INFORMANT Dr. Sherard
(ADDRESS) Carr St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) Mary Wade
(ADDRESS) 4202 Finney Ave.

20. FILED MAY 14 1939 J. P. Puleck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 8, 1939

I last saw him alive on May 7, 1939. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Lobar Pneumonia
Date of onset 5-2, 1939

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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 J. C. Sherard, M. D.
(Signed) J. C. Sherard
(Address) 1635 a Carr St.

Dr. J. Watson

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 *J. Watson*

Licensed Embalmer No. *2697*

P. O. Address *2769 Charlotte*

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.