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.

50M-7-20-37 I X12004

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AUG 9 1939

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

26013
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2 Registration District No. 423
(b) Township Rock 1 Primary Registration District No. 5578 Registered No. 24
(c) City ..... (d) Street No. ..... 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 George Martin
(a) Residence, No. ..... St. ☐ .....
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1859
7. AGE: YEARS 80 | MONTHS 2 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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): Antonia Mo. 0

FATHER
13. NAME: George Martin 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Herman Martin Kimmswick, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antonia Cemetery DATE July 12th 1939
19. FUNERAL DIRECTOR (ADDRESS): Heiligtag Funeral Home Kimmswick, Mo.
20. FILED July 11th 1939 Phil. J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9th 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to July 9 1939
I last saw him alive on July 9 1939 Death is said to have occurred on the date stated above, at 8:45 P. M.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Date of onset
93C
Other contributory causes of importance:
Senility
Name of operation Clinical 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 .....
(Signed) O. S. Reich M.D. M.D.
384 (Address) Kimmswick Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arthur W. Heiligtag, Licensed Embalmer No. 3872.

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

L. E.

No. or by F. Elton Massey, Registered Apprentice No. 206

working under my personal supervision.

Signed: Arthur W. Heiligtag

Licensed Embalmer No. 3872.

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.)