

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

OCT 14 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30508

State File No.

Registrar's No.

7560

Registration District No.

791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 1003  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Josephine Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME

Philip V. Martin 635

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Feb. 10 1878  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>19</u>	hr. min.

9. Birthplace Belleville Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Wholesale meat business

11. Industry or business

12. Name Adrian Martin  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name not known  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Martin  
 (b) Address 5202 Holly Hills

17. (a) Burial (b) Date thereof Sept 1, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemete y

18. (a) Signature of funeral director Paul Ziegenhein & Sons  
 (b) Address 7027 Gravois Ave St. Louis

19. (a) 8/21-1939 (b) J. P. [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5202 Holly Hills  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
 year 1939 hour 5 minute 40 AM  
 21. I hereby certify that I attended the deceased from Aug 26  
 1939 to Aug 29 1939  
 that I last saw him alive on August 28 1939  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death General peritonitis Duration 5 days

Due to Acute Appendicitis with perforation of appendix  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Acute suppurative appendicitis with perforation  
 Of operations \_\_\_\_\_  
 Of autopsy None made

PHYSICIAN  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature John A. Hayward (M. D. or other) MD  
 Address Metropolitan Body Date signed 8/29/39

**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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937<sup>a</sup> Grandis

**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.**