

WRITE IN INK—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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37877**  
Registrar's No. **9716**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **3**

(a) County \_\_\_\_\_

(b) City or town **St. Louis**  
*(If outside city or town limits, write "RURAL" and name of township)*

(c) Name of hospital or institution **St. Peter & Paul City Hospital**  
*(If not in hospital or institution, write street number or location)*

(d) Length of stay: In hospital or institution **none** (Specify whether \_\_\_\_\_)

In this community **35 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis** **23**  
*(If outside city or town limits, write "RURAL")*

(d) Street No. **2245 Shenandoah**  
*(If rural, give location)*

(e) If foreign born, how long in U. S. A. ? **35 yrs.** years.

3. (a) PRINT FULL NAME **Anna Martin** **635**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anton Martin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 18, 1862**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>5</b>	<b>m25</b>	hr. min.

9. Birthplace **Austria**  
*(City, town, or county) (State or foreign country)*

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Austria**  
*(City, town, or county) (State or foreign country)*

14. Maiden name **Unknown**

15. Birthplace **Austria**  
*(City, town, or county) (State or foreign country)*

16. (a) Informant's own signature **Anna Halm**

(b) Address **Brentwood, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 15, 1939**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **Nov 14 1939** (Date received from Registrar) (b) **J. B. Beck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **13**  
year **1939** hour **80** minute **46** A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

*Chronic Myocarditis*

Due to \_\_\_\_\_

*Arterio Sclerosis*

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Of operations**

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Where did injury occur? **H** (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) (e) Means of injury \_\_\_\_\_

23. Signature **Jay B. Smith** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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. A. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**