

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Emil Marti

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 30 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 26 hr. min.

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

10. Usual occupation retired lumberman

11. Industry or business lumber

FATHER { 12. Name Sylvester Marti
18. Birthplace Switzerland
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Anna Gmuier
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. Lehmann
(b) Address 3526 Arkansas
17. (a) removal (b) Date thereof 11-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Illinois

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Avenue

19. (a) 27 1940 (b) _____
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. 25
(If outside city or town limits, write "RURAL")
(d) Street No. Pacific Hotel 905 Market St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1940 hour 4 minute 05 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 Lung Cancer Duration _____
Primary

Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations PHYSICIAN _____
Of autopsy _____
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) _____
Means of injury _____
28. Signature Walter Perry (M. D. or other) _____
Address Deputy Coroner Date signed 11/27/40

WHILE FILING—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.

REC'D DEC 11 1940 3

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 Paul J. Evans

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

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.