S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4516

Registrar's No. 1238

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")

(d) Street No. 4461 Olive Street. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gustave Henry Martens

3. (b) If veteran, name war None

3. (c) Social Security No. 490-14-9371

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee B. Martens.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October (Month) 30, (Day) ~~1870~~ 1875 (Year)

8. AGE: Years 67 ~~70~~ Months 3 Days 6 If less than one day hr. min.

9. Birthplace Warren County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Railroad Telegraf Operator

11. Industry or business

FATHER
12. Name William Martens.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Lee B. Martens.
(b) Address 4461 Olive Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-1943. (Month) (Day), (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 8 1943 (Date received local registrar) (b) J. F. Mudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5, year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from January 31, 1943 to February 5, 1943 that I last saw him alive on February 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiovascular heart disease	
Due to Generalized arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute bronchitis. Decompensation	

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury?

23. Signature Homer Sweetman (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 2/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. M

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, fact should be so stated above.