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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35622

Primary Registration District No. 1003

Registrar's No. 9720

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

1. PLACE OF DEATH:

(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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town Kimmick
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martin Flavius Axley

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Rohlfing Axley

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased Dec. (Month) 31 (Day) 1872 (Year)

8. AGE: Years 71 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Columbia, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farm labor

11. Industry or business Grain farming

FATHER
12. Name Martin V. Axley
13. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Gilead E. Agnew
15. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Ada Bergenroeder
(b) Address 4252 W. Pine St. Louis, Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 14 '44 (Month) (Day) (Year)
(c) Place: burial or cremation Miles Cem. Monroe Co. Ill

18. (a) Signature of funeral director Aug M Wagner
(b) Address 111 N. Main Waterloo, Ill.

19. (a) NOV 16 1944 (Date received local registrar) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sun. Nov. 12 '44 to Mon 1944 that I last saw him alive on Sun. Nov. 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial infarction. — Duration 2 days

Due to Coronary artery disease. —

Due to —

Other conditions Arteriosclerosis
(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

(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 Paul R. Weber (M. D. or other)

Address 1608 Chemical Bldg. Date signed 11-14-44

(Licensed Embalmer's Statement on Reverse Side)

9720

9720

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420 Mo

P. O. Address East St Louis Ill

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.