

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

17533

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1002  
City St. Louis (No. Dr. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4445  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha Pachid  
(a) Residence, No. 1209 Chautauque Ave. St. 22 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 27 1901</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>House wife 2-5</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>5-1-32</u>		
11. Total time (years) spent in this occupation <u>20yr</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Thomas Azar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dyria 27</u>	
MOTHER	15. MAIDEN NAME <u>Lena Wehke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dyria</u>	
17. INFORMANT <u>J.H. Muthford</u> (ADDRESS) <u>911 7th St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn Cemetery</u> DATE <u>May 7 1932</u>		
19. UNDERTAKER <u>Truman Neufuge</u> (ADDRESS) <u>2147 E. 11th St. St. Louis</u>		
20. FILED <u>May 13 1932</u> <u>W. J. Stanley</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 10 1930 to May 4 1932  
I last saw him alive on May 4 1932, 1930 Death is said to have occurred on the date stated above, at 8:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis Chronic Date of onset 148A / 149A  
131 1930  
Other contributory causes of importance:  
Chronic Nephritis  
Coronary Sclerosis  
Name of operation Cardiac Section Date of May 4 1932  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) L. M. Birdge, M. D.  
(Address) 2154 Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

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Name: \_\_\_\_\_

*Martha Rachid*

Who died at \_\_\_\_\_

*St. Louis Mo.*

(City)

(County)

on \_\_\_\_\_

*May 7, 1932*

(Date)

Residence: No. \_\_\_\_\_

St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

Sex \_\_\_\_\_

Color or race \_\_\_\_\_

Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_

Age: \_\_\_\_\_

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: \_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

Birthplace (State or Country) \_\_\_\_\_

Birthplace of father (State or Country) \_\_\_\_\_

Birthplace of mother (State or Country) \_\_\_\_\_

Principal cause of death: \_\_\_\_\_

*Myocarditis, Chronic*

Other contributory cause of importance \_\_\_\_\_

*(Chronic) Nephritis - Post-operative section*

Name of operation \_\_\_\_\_

*Whether Chronic during*

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following: \_\_\_\_\_

Accident, suicide, or homicide \_\_\_\_\_

*Record*

Date of injury \_\_\_\_\_

*Nov. of W. S. 1912-4-32*

Where did injury occur? \_\_\_\_\_

(Specify city or town county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify: \_\_\_\_\_

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