

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.

FEB 27 1934

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

Do not use this space.

25.01

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **3003**  
City **St. Louis Mo** (No. **22nd**)

File No.....  
Registered No. **89**  
St. .... Ward)

2. FULL NAME

**Gilda H. Martin**  
(a) Residence, No. **6104 Besthall**, St., **4** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joe Martin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**abt 60**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME **Geo Kettmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **German**

15. MAIDEN NAME **Bishop**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **German**

17. INFORMANT (ADDRESS) **Joe Martin's 6104 Besthall**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Michaels** DATE **1-4-34**

19. UNDERTAKER (ADDRESS) **Alexander Snow 6175 Delmar**

20. FILED **MV 1544** 1934 **J. J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-2-34** 19

22. I HEREBY CERTIFY, That I attended deceased from **June** 1933, to **July 2** 1934

I last saw her alive on **July 1** 1934. Death is said to have occurred on the date stated above, at **8:40 AM**

The principal cause of death and related causes of importance were as follows:

**Carcinoma of Liver & Lung  
abdominal metastases  
intestinal cancer  
lung metastases**

Date of onset **July 1933**

Other contributory causes of importance: **1/6**

Name of operation **Exploratory** Date of **June 1933**

What test confirmed diagnosis? **Spec** Was there an autopsy? **---**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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?.....

If so, specify **Adam E. Ernst** M. D.

(Signed) **3720 Washington** (Address)

2517A Gals