

REC'D MAR 14 1938.

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

4751

Do not use this space.

791
1008

1396

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nicholas G. Martin 1890

(a) Residence, No. 606 East Polo Drive Clayton st. Clayton Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Realestate
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN) Denmark
(STATE OR COUNTRY)

15. MAIDEN NAME Christinna Rasmussen

16. BIRTHPLACE (CITY OR TOWN) Denmark
(STATE OR COUNTRY)

17. INFORMANT Mrs. Meta Martin
(ADDRESS) 606 E Polo Dr Clayton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's & Paul DATE 2-7-38

19. FUNERAL DIRECTOR Louis K. Bopp
(ADDRESS) 131 W Argonne Dr Kirkwood Mo

20. FILED FEB 7 1938 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 4 1938

I last saw him alive on Feb 4 1938. Death is said to have occurred on the date stated above, at 3:05 P. am.

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

Heart failure, caused by streptococcal infection
1150

Other contributory causes of importance:
Streptococcus hemolyticus
Staphylococcus hemolyticus
tuberculosis - non diphtheriae

Name of operation none Date of
What test confirmed diagnosis Microscope Was there an autopsy? no

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? No

If so, specify
(Signed) W. S. Shook M. D.

(Address) Metropolitan Bldg
St. Louis Mo.

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STATEMENT BY LICENSED EMBALMER

I, Louis H Bopp, Licensed Embalmer No. 921
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.
No. _____ or by _____, Registered Apprentice No. 921
working under my personal supervision.

Signed Louis H Bopp
Licensed Embalmer No. _____

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.)