

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

5108
Do not use this space.

1. PLACE OF DEATH REC'D MAR 4 1938
(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital #2 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Frederick Martin 635*
(a) Residence, No. 2945 Easton St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

3. SEX *M* 4. COLOR OR RACE *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 26, 1928*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 9 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/14/38* 19
22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *7:40 P.M.*
The principal cause of death and related causes of importance were as follows:

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

Suppurative Pericarditis; Bilateral Broncho-Pneumonia with abscesses in right lung (Apex); Bilateral Empyema; Cellulitis of Right Leg; Suppurative Meningitis; suffered in fall while
Date of onset

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

Other contributory causes of importance:
playing on sidewalk in front of 2941 Easton Ave., on February 8, 1938, at about 6:00 P.M.

FATHER 13. NAME *Frederick Martin*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes.*

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

MOTHER 15. MAIDEN NAME *Vivian Holman*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. *Accident* Date of injury *2/8/38*
Where did injury occur? *St. Louis, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Public Place
Manner of injury..... *See Above*
Nature of injury.....

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

17. INFORMANT (ADDRESS) *Frederick Martin 2945 Easton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *Feb. 19, 1938*

19. FUNERAL DIRECTOR (ADDRESS) *St. P. Gordon 2649 Delmar Blvd.*

20. FILED *FEB 18 1938* *J. Bredeck* Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....
(Signed) *Joseph M. ...*
(Address) *Deputy Coroner*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. R. Richards, Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. R. Richards

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. R. Richards
Licensed Embalmer No. 2928

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.)