

REC'D APR 12 1939

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

6299  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... **2** Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **4399 McPherson Ave.** Registered No. **3064**  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

**635 Annie M. Martin.**  
(a) Residence, No. **4399 McPherson Ave.** St. **19** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 17, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
**71 2 14**

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

12. BIRTHPLACE (CITY OR TOWN) **Ohio.** (STATE OR COUNTRY)

FATHER 13. NAME **Edward W. Martin.**

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

MOTHER 15. MAIDEN NAME **Catherine McGuire.**

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

17. INFORMANT **Mrs. Gerald Stanley.** (ADDRESS) **4399 McPherson Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **4-1-39**

19. FUNERAL DIRECTOR (NAME) **Arthur J. Connelly.** (ADDRESS) **3840 Lindell Blvd.**

20. FILE NO. **MAR 31 1939** **J. B. Budner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 31, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from **July 2**, 19**38**, to **March 31**, 19**39**  
I last saw him alive on **March 30**, 19**39**. Death is said to have occurred on the date stated above, at **12:15 P.M.**

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

**Chronic Interstitial nephritis**  
**Chronic Arterial Sclerosis**  
Date of onset **5 years**  
**5 years**

Other contributory causes of importance: **None**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Urine** 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) **J. H. Newer** M. D.  
(Address) **634 20 Grand Blvd.**

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.

1 X10603

Dr. Kerner  
Mrs. Foster Kelly

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Stanley Marchlewski  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

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, above space should be left blank.