

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

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

County _____

Township _____

Registration District No. 791

File No. 32532

or Village _____

Primary Registration District No. 1003

Registered No. 8227

or City St. Louis

(No. 3040 New England Pl. 21 St. 21 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Frank Marks

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH October 21st, 1910
(Month) (Day) (Year)

DATE OF BIRTH Not ascertainable
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 20th, 1910, to Oct 21st, 1910, that I last saw him alive on Oct 20th, 1910, and that death occurred, on the date stated above, at 1-p.m. The CAUSE OF DEATH* was as follows:

AGE About 48 yrs. - mos. - ds. IF LESS than 1 day, _____ hrs. or _____ min.?

Angina pectoris
(Duration) _____ yrs. _____ mos. 3 ds.

OCCUPATION (a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

BIRTHPLACE (City or town, State or foreign country) Germany

Contributory Arteriosclerosis
(SECONDARY) (Duration) 5 yrs. _____ mos. _____ ds.
(Signed) Henry H. Sumner M. D.
Oct 21st, 1910 (Address) 3707 4th St

PARENTS NAME OF FATHER Not ascertainable

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Not ascertainable

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Marks
(ADDRESS) 3040 New England Pl

PLACE OF BURIAL OR REMOVAL St. Peter's Cemetery DATE OF BURIAL Oct 23, 1910

Filed OCT 22 1910 P. W. Kuehnle Bond REGISTRAR

UNDERTAKER Gay, Gristle & Son ADDRESS 2805 N. Grand

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



STATE OF MISSOURI,)
) (ss.
City of St. Louis.)

Before me personally appeared Edwin Droste, who being of lawful age, and being to me personally known and who being duly sworn upon his oath, deposes and says, "I am a member of the firm of Henry Droste and Son, undertakers; I was present at the burial of Frank Marx who died October 21st, 1910 and buried October 23rd, 1910; through an error the name was spelled Marks whereas the correct spelling of the name is Marx."

Edwin Droste

Subscribed and sworn to before me at my office in the City of St. Louis, Missouri, this 23rd day of December, 1910.
My term expires May 2nd, 1914

Robert D. W. Baldanz

Notary Public.

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STATE OF MISSOURI,)
(ss.
City of St. Louis.)

Before me personally appeared Henrietta Marx, who being of lawful age, and being to me personally known and who being duly sworn upon her oath, deposes and says " I am the widow of Frank Marx, who died October 21st, 1910; said Frank Marx's occupation was that of a stone cutter, but when he became disabled he followed the shoe-maker's trade. We always spelled our names Henrietta and Frank Marx but the name was often misspelled "Marks" by strangers."

Henrietta Marx

Subscribed and sworn to before me at my office in the City of St. Louis, Missouri, this 23rd day of December, 1910.

My term expires May 2nd, 1914

Robert D. W. Baldry
Notary Public.

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