

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

Do not use this space.

39112

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **664**

Township.....

Primary Registration District No. **1003**

Registered No. **664**

City **St. Louis** (No. **City of St. Louis**)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Samuel Marquez Jr. Marques**

(a) Residence. No. **1826 Putgen St. RR** Ward \_\_\_\_\_

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

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

**Dec 22 - 1927**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**1**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**St. Louis**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**James Alce Marquez**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Mexico**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Matontilla Torgo**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**St. Louis**

(STATE OR COUNTRY)

**14. INFORMANT**

(Address)

**City of St. Louis**

**15. FILED**

1928

**1028**

**Mar & Stark off**

REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Dec 23 1927**

**17. I HEREBY CERTIFY**, That I attended deceased from **Dec 22**, 19**27** to **Dec 23**, 19**27**, that I last saw him alive on **Dec 23**, 19**27**, and that death occurred, on the date stated above, at **1235 da**.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Immaturity  
over 6 mos.**

**CONTRIBUTORY (SECONDARY)**

**15  
161a**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS:**

(Signed) **N E Westerman, M. D**

(Address) **City of St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**POTTERS FIELD,**

**DATE OF BURIAL**

**1-19-1928**

**20. UNDERTAKER**

**ADDRESS**

**Sharon 1426 Carol**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

Manus # 2

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