

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

Do not use this space.

22161

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. Deaconess Hosp.)

File No.....

Registered No.....

6338

St. Ward)

2. FULL NAME

(a) Residence. No. Venedy, Ill. St. 11 Ward. Venedy, Ill.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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 (OR) WIFE OF

Wihlemine Marquard

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

Sept 15, 1861

7. AGE

YEARS

MONTHS

DAYS

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

66

8

28

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Johannsburg, Del.

10. NAME OF FATHER

Henry Marquard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

PARENTS

14.

INFORMANT

(Address)

E. H. C. Meyer
5354 Maple St.

15.

FILED

21, 1928

Mar C Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 13, 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 31, 1928 to June 13, 1928 that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Prostate gland

CONTRIBUTORY (SECONDARY)

Carcinoma of bladder

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

yes

DATE OF June 2, 1928

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Exam. of specimen

(Signed)

Dr. E. Jones

M. D.

June 14, 1928 (Address)

Doctor Bldg

*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

DATE OF BURIAL

Venedy, Ill.

June 15, 1928

20. UNDERTAKER

ADDRESS

Arnon L. Hille, 2707 N. Grand

K. 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.

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

