29245

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

Do not use this space.

12801

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 100

City ..... (No. 1805 S Spring St. ..... Ward)

File No. ..... Registered No. 3340

2. FULL NAME Katherine Marquardt

(a) Residence. No. 1805 S Spring St., 17 Ward. (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: Female

4. COLOR OR RACE: White

5. ~~Single, Married~~, Widowed or ~~Divorced~~ (*write* the word): Widowed

5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF: Henry G Marquardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 26, 1844

7. AGE: Years 84 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Christian Mehl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Eva Herbel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Edward Marquardt (Address) 1805 S Spring

15. FILED MAR 18 1929, 19.. Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1929, to Mch 15, 1929 that I last saw her alive on Mch 15, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

108

16½ (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Security

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 10 Ad

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

3/16, 1929 (Address) 2924 S Grand

*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: Sunset Burial Park

DATE OF BURIAL: Mar 18 1929

20. UNDERTAKER: Bensick & Neuhaus

ADDRESS: 1138 N 6th

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.