MAR 25 1930

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

Do not use this space.

4597

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 15

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Mamie. Marquardt

(a) Residence. No. South Elm Street St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 23rd-1930

7. AGE: Years 0 — Months 0 — Days 30Min — If LESS than 1 day, ..... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): Infant
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Aloys Marquardt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Krakow Mo
12. MAIDEN NAME OF MOTHER: Mamie Lause
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Krakow

14. INFORMANT: Aloys Marquardt
(Address) South Elm Street

15. FILED Feb 23, 1930 O. L. Muench REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 A.M. Feb. 23, 1930 to 7 A.M. Feb 23, 1930 that I last saw her alive on Feb 23, 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Breech Presentation
Difficult delivery
160B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Dont know
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Henry E. Bartling M. D.
Feb 24, 1930 (Address) Washington Mo.

*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: Catholic Cemetery — DATE OF BURIAL: Feb 23rd- 30 19

20. UNDERTAKER: Otto & Co Washington Mo — ADDRESS

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.