

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

Do not use this space.

14575

File No. 3925

Registered No. _____

St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791

Township _____ Primary Registration District No. 1003

City St. Louis (No. Christman)

2. FULL NAME Alvina Marquardt

(a) Residence. No. 2542 Sullivan St., 20 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1930, to April 18, 1930, that I last saw him alive on April 16, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma cervix 4 1/2 yrs. 3 mos. ds. (duration)
440 126
12718

CONTRIBUTORY (SECONDARY) Bull Bladder disease
Gall stones (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2542 Sullivan

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/5/29 2/1/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimen

(Signed) Arthur Swadlow, M. D.

*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 St. Johns DATE OF BURIAL 4/21 1930

20. UNDERTAKER Miller Bros ADDRESS 1717 Park

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Marquardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

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

10. NAME OF FATHER Herman Wellmann

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

12. MAIDEN NAME OF MOTHER May Unknown

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

14. INFORMANT Mrs. _____ (Address) 5703 Suburban

15. FILED _____ 1930 Wm. C. Starke REGISTRAR

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.

