

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

Do not use this space.

42512

1. PLACE OF DEATH

County.....

Registration District No. *781*

Township.....

Primary Registration District No. *7033*

City *St. Louis*

(No. *5203^a*, *Sutherland av*)

File No.

Registered No. *12423*

St. Ward)

2. FULL NAME

Wm F. Marquardt

(a) Residence, No. *5203^a* *Sutherland St.*, *14* Ward.

(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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alvina Marquardt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 11th 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bricklayer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *1927* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER FATHER 13. NAME *Julius Marquardt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Augusta Dittman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Mrs. L. T. Pugee 5203^a Sutherland av*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Johns* DATE *Dec 16th 1927*

19. UNDERTAKER (ADDRESS) *Heear Bros 1717 Park ave*

20. FILED *L. C. 16 1927* *Max C. Hartling Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 14th 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 1st 1931*, to *Dec 14th 1931*

I last saw him alive on *Dec 13th 1931* Death is said

to have occurred on the date stated above, at *1304* m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma Date of onset

4/6/31

Other contributory causes of importance:

Carcinoma Stomach *Year 1926*

Name of operation *L. T. Pugee* Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Arterio Sclerosis*

(Signed) *2208 Chestnut* M. D.

(Address) *2*

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 7.

