

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

Do not use this space.

16176

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township H. C. Mo Primary Registration District No. 1002
 City H. C. Mo (No. 4820 , Park Ave St. _____ Ward _____)

File No. _____
 Registered No. 19639
 St. _____ Ward _____

2. FULL NAME

Louis Marx
 (a) Residence, No. 4820 Park Ave St. 15 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Elizabeth Marx</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 - 1849</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>	
	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)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from May - 8 - 1932, to May - 14 - 1932
 I last saw him alive on May - 14 - 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
828
9702 820
 Other contributory causes of importance:
Atherosclerosis with high blood pressure & Rheumatic heart disease.

Name of operation _____ 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 _____
 (Signed) H. S. Simpson, M. D.
 (Address) 4325 Prospect Cu

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>19</u>
	13. NAME <u>John W Marx</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Rose Mary Rayb</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Mrs Elizabeth Marx</u> (ADDRESS) <u>4820 Park Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematory</u> DATE <u>May 16 1932</u>	
19. UNDERTAKER <u>W. W. Newcomb</u> (ADDRESS) <u>H. C. Mo</u>	
20. FILED <u>5/15 1932</u> <u>M. M. Crowe</u> <u>Regist.</u>	

WHITE 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.

