

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

Do not use this space.

19174

**1. PLACE OF DEATH**

36 County Franklin Registration District No. 297  
 8 Township \_\_\_\_\_ Primary Registration District No. 2016  
 7 City Washington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 51

**2. FULL NAME** Norbert John Joseph Marquart

(a) Residence No. 403 Stafford St. Third Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. HEREBY CERTIFY, That I attended deceased from June 4 1932 to June 10 1932 that I last saw him alive on June 10 1932, and that death occurred, on the date stated above, at 9:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gastritis, acute

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10th, 1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 6

1180 118 (duration) yrs. mos. 9 ds.

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

CONTRIBUTORY (SECONDARY) don't know (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Washington  
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED (1)  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER August Marquart

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington,  
 (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Frank G. Wray, M.D.  
 , 19 (Address) 3049 1/2th Washington

12. MAIDEN NAME OF MOTHER Frances E. Himmelberg

\*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington,  
 (STATE OR COUNTRY) Missouri

14. INFORMANT August J. Marquart  
 (Address) Washington, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL C atholick Cemetery DATE OF BURIAL June 11th, 32

15. FILED 6/11 19 32 O. L. Gunn REGISTRAR

20. UNDERTAKER Nieburg & Vitt ADDRESS Millions Road Washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1932

