

NOV 13 1934

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

Do not use this space.

37528

1. PLACE OF DEATH

County Registration District No. 791
Towship Primary Registration District No. 1003
City St. Louis (No. 4402 Strodtman Place) St. 9972 Ward)

2. FULL NAME Charles Edward Marske

(a) Residence, No. 4402 Strodtman Place St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Marske

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 3

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Edward Marske

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. B. Marske (ADDRESS) 4402 Strodtman Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Oct. 13, 1934

19. UNDERTAKER Wm. F. Paschedag (ADDRESS) 2825 N. Grand Blvd.

20. FILED CT 11 133 1934 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st to Oct 10th, 1934

I last saw him alive on Oct 10th, 1934 Death is said

to have occurred on the date stated above, at 12:20 PM

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

Carcinoma Liver Date of onset 4/6
Carcinoma Bladder

Primary seat of cancer

Other contributory causes of importance: unknownName of operation Suprapubic Cystostomy Date of operation May 10/34What test confirmed diagnosis? M. Croas. Copi Was there an autopsy? N/S

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) M. S. Hegarty, M. D.(Address) 835 E. Jackson St. St. Louis

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.

