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.

DEC 21 1934

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

Do not use this space.

File No. 40547

Registered No. 220

1. PLACE OF DEATH
County: St Louis — Registration District No. 333
Township: St Ferdinand — Primary Registration District No. 4468
City: Ferguson Town (No. Mehl Ave. Ferguson St. ..... Ward)

2. FULL NAME: Frederick J. Marquart
(a) Residence, No. Mehl Ave. St., ... 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: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Siebert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 6, 1870

7. AGE — YEARS: 64 — MONTHS: 2 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Theodore Marquart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Marquart Marquart
(ADDRESS): Mehl Ave. Ferguson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Nov. 10, 1934

19. UNDERTAKER: Chas. D. Stuart
(ADDRESS): 2257 Union Blvd.

20. FILED: Nov. 8, 1934 M. G. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934 to Nov. 7, 1934
I last saw him alive on Nov. 7, 1934 Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-12-34
(Cerebral Hemorrhage)	
Other contributory causes of importance:	
Arteriosclerosis	1929
Mr Nephritis	1934

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Roy Johnson, M. D.
(Address) Ferguson Mo.