APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No. 13343
Township Bonhome — Primary Registration District No. 6031 — Registered No. 43
City Valley Park, Mo. (No. Mermac Station Rd. Valley Park Mo. Ward)

2. FULL NAME Elizabeth Marquitz
(a) Residence, No. Mermac Station Rd. R. St R.1 Ward. Valley Park, Mo.
(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: Female
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 William Marquitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
230	86	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Cinn. Ohio

FATHER
13. NAME Peter Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Clara Price
(ADDRESS) Mermac St. Rd. R.R.1 Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sisters Cem. DATE 3-29- 1937

19. UNDERTAKER Lewis H. Boye
(ADDRESS) Kirkwood, Mo.

20. FILED 3-27- 1937 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB. 11th 1937, to March 26th 1937
I last saw her alive on March 26th 1937. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation None Date of
What test confirmed diagnosis? None 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) F. P. Dunn, M. D.
(Address) Bx. 262 Valley Park Mo.

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.