

FEB 10 1938

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

412  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **268**  
(c) City ..... (d) Street No. **2221A NORTH MARKET ST** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**OSCAR J. MARX 620**

(a) Residence, No. **2221A NORTH MARKET ST** St. **20**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **MINNIE MARX**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 20, 1882**

7. AGE YEARS **55** MONTHS **10** DAYS **16** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **COM. LABORER**  
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) **ST. LOUIS, MO.**

FATHER 13. NAME **LEOPOLD MARX**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **AMELIA OHLY**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

17. INFORMANT **MINNIE MARX**  
(ADDRESS) **2221A NORTH MARKET ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** JAN. 10, 1938

19. FUNERAL DIRECTOR **Goodhart & Goodhart**  
(ADDRESS) **2225 N. Louis Ave**

20. FILED **JAN 8 1938** **J. T. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 6, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Jan 6** to **Jan 6**  
I last saw him alive on **Jan 6, 1938** Death is said to have occurred on the date stated above, at **8 P.** m.  
The principal cause of death and related causes of importance were as follows:

**Death Broncho pneumonia  
sent. to lab. post. 1-6-38  
caused by Broncho pneumonia  
No def. heart disease.**

Date of onset  
**1-6-38**

Other contributory causes of importance:

**107a**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) **Donald C. Straube**, M. D.  
(Address) **1725 Madison**

... should be stated EXACTLY. PHYSICIANS should state ... AGE should be properly classified. Exact statement of OCCUPATION is very important. ... or DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

*Charles Goodhart*

Licensed Embalmer No. *2777*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

*Charles Goodhart*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)