REC'D APR 11 1938

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

8999
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
(d) Street No. St. Anthonys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No. 2588
(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 Walter Marbeck 1,12
(a) Residence, No. 3918 Walsh St. St. 15
(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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Marbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19th. 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed (2yrs.
9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER
13. NAME Robert Marbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Ohara
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Grace Texier
(ADDRESS) 3918 Walsh St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March-19-1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAR 18 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 16th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.45 m A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Thrombosis of Splenic Vein.
Contrib: Septicaemia Traumatica, suffered when deceased lacerated finger of right hand while sawing wood on a farm located at Robertsville Missouri, on March 4, 1938, time unk unknown.

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/4/, 19 38
Where did injury occur? Robertsville, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury ..... See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) Alfred G. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-36-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Robert C Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

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