

NOV 26 1938

DEC 8 1938

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

40320
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Bonhomme Primary Registration District No. 106
 (c) City Kirkwood MO (d) Street No. 1731 West Big Bend Rd Registered No. 1935
 (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 Lillie A Marquitz
 (a) Residence, No. 1731 W. Big Bend Rd St. Kirkwood Mo
 (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 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 Arthur Marquitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 0 19

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. Nil.
 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) Missouri 0

FATHER 13. NAME John Rowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Sidney Shattwell
 (ADDRESS) Ellisville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City DATE 11/27/38

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Bopp
131 W. Argonne Dr. Kirkwood, Mo.

20. FILED NOV 26 1938 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 25 / 38 19
 22. I HEREBY CERTIFY, That I attended deceased from November 15th, 1938, to November 25th, 1938.
 I last saw her alive on November 20th, 1938. Death is said to have occurred on the date stated above, at 8:11 p.m.

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

Cerebral Haemorrhage Nov 15
Myocarditis Aug 20
 Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? 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?
 If so, specify Henry J. Dionysius, M. D.
 (Address) 1258 Adams and Kirkwood

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.

STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 3288

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.)