

1939 APR 13 1939

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

Dr. R. Williams

10793  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene  
(b) Township  
(c) City Springfield, Mo.  
(e) Length of residence in city or town where death occurred 6 2/3 yrs. mos. da.

Registration District No. 316  
Primary Registration District No. 2001  
(d) Street No. 425 W. State

Registered No. 199

2. PRINT FULL NAME

Gus Marx  
(a) Residence, No. 425 W. State

St.  (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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Marx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
82 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Marchant  
9. Industry or business in which work was done, as saw mill, bank, etc. Clothing Store  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Emanuel Marx

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Hannah Soloman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Marx  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Temple Israel Cem. March 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer  
Springfield, Mo.

20. FILED Marx 1939 Chas A George  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to March 6, 1939.  
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 11:45a.m.  
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - aq  
Health had been gradually declining for past year.

Other contributory causes of importance: 97  
Name of operation Nam 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? No 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 210  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Ralph Williams, M. D.  
(Address) Springfield 2000

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.

50M-9-1-1938 I X16403

STATE OF MISSOURI

507 1/27 1911

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No. **3434**  
P. O. Address **Springfield, Mo.**

**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.)**

**If this body is not embalmed, above space should be left blank.**