REC'D MAY 11 1939

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

14315
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 438
(d) Street No. 1215 South 18th 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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 53 yrs. mos. ds.

2. PRINT FULL NAME Emilie August Marquardt
(a) Residence, No. 1215 S 18th, St. Joseph, Mo. St.
(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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl F. Marquardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Koblenz Germany

FATHER
13. NAME John Hoppe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Caroline (Unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Carl F. Marquardt
(ADDRESS) 1215 S. 18th, St. Joseph, Mo.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Wathena Kan
PLACE Lutheran Cem DATE April 26, 1939

19. FUNERAL DIRECTOR Shafer Meierhoffer
(ADDRESS) 1302 Faraon Street, St. Joseph

20. FILED April 26 1939 H. J. Nestlebush
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12 1939, to April 24 1939, I last saw her alive on April 23 1939. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Chronic myocarditis	1937
Other contributory causes of importance: Fascal infarction	3/6/39

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Walter C. Hanson, M. D.
(Address) 2802 Jule St., St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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.

11/5/7

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STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

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.)