

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME John Marz 6703. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased March (Month) (Day) (Year)8. AGE: Years 61 Months 1 Days 14 If less than one day hr. min.9. Birthplace West Point Miss. (City, town, or county) (State or foreign country)10. Usual occupation Retired Glass Packer 6

11. Industry or business _____

12. Name John J. Marz 013. Birthplace Germany Germany (City, town, or county) (State or foreign country)14. Maiden name Anna Freihaut15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Margaret Marz(b) Address 510 Talcott17. (a) Burial (b) Date thereof May 13 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old S.S. Peter & Paul18. (a) Signature of funeral director W. A. Stark(b) Address 2117 E. Grand19. (a) MAY 11 1940 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 9
 (If outside city or town limit, write "RURAL")
 (d) Street No. 510 Talcott
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1940 hour 5:25 minute _____ P. M.21. I hereby certify that I attended the deceased from April 23, 1940, to May 9, 1940;that I last saw him alive on May 9, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Abdominal Abscess Probably caused by carcinoma of Cecum. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations 46

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Kennedy, M.D. (M. D. or other)Address 1515 Lafayette Date signed 5/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st St.

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.