S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24026

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6471

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No 1/ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 11 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2825 A Magnolia Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 11 YEARS years.

3. (a) PRINT FULL NAME ERIC MARXEN 625

3. (b) If veteran, name war

3. (c) Social Security No. 487-14-1515

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Marxen

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 19 (Month) 1910 (Day) (Year)

8. AGE: Years 29 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)

10. Usual occupation Machinist 6

11. Industry or business Auto Co. 6

FATHER
12. Name Hans Marxen 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Marxen

(b) Address 2825 A Magnolia Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 1-40 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET PARK

18. (a) Signature of funeral director Thos Kuttis

(b) Address 2906 Gravois Ave.

19. (a) JUL 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1940 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw h.... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Lamorrhage Pulmonary Infarction Compound fracture left Arm when Chevrolet Sedan the way driving side-swiped Ford sedan driven by Earlest Ellis on Mississippi Bridge near East St Louis about

Duration

Due to

Due to

Other conditions 12:40 AM - 7-28-40 (Include pregnancy within 3 months of death)

Major findings:
Of operations 210 VC
Of autopsy 22

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence July 28 - 1940

(c) Where did injury occur? East St Louis Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Alvin J. Perry (M. D. or other)

Address Cyril Coroner Date signed 9/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Thos. Lutes, Registered Apprentice No. _____ working under my personal supervision.

Signed Thos. Lutes

Licensed Embalmer No. 1619

P. O. Address 29 de Gravois

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.