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18 1941
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STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7181

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Days.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5319 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE M. MARX.

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / race White
5. Color or race _____
6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife August L. Marx.
6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July 22, 1851.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	1	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Dont know.

13. Birthplace Dont know.
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olga Stephens.

(b) Address 5319 Cabanne Ave.

17. (a) Burial (b) Date thereof 9-5-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave

19. (a) SEP 4 1941 (b) J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd.
year 1941 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from January 1
1941 to Sept 3 1941
that I last saw him alive on Sept 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Serility
Chronic Pyelonephritis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of autopsy _____

Duration

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) _____
(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? _____

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

23. Signature George A. ... (M. D. or other) 20
Address 8129 ... Date signed 9/4/41

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

MOTHER FATHER

Dr.G.F.Rendleman.
812 Olive Street.
Hours 12 to 1 & 3 to 5 P.M.
Telephone Chestnut 9261

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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, fact should be so stated above.