S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12868

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3632

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay NR. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 225 Waller ave. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mathilda Marx

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Michael Marx

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 25 (Day) 1876 (Year)

8. AGE: Years 66 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Elberfield (City, town, or county) / Indianna (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name August Griese
13. Birthplace / Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Michael Marx
(b) Address 225 Waller ave. Lemay, Mo.

17. (a) Creamation (Burial, cremation, or removal) (b) Date thereof April 24, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Creamatory

18. (a) Signature of funeral director Hoffmeister Nox Co.
(b) Address 7814 S. Broadway

19. (a) APR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Apr 2, 1942 to Apr 21, 1942 that I last saw him alive on Apr 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left ovary	6 mo
Due to: /	
Due to: /	
Other conditions (Include pregnancy within 3 months of death): Cirrhosis of liver	1 yr.

Major findings:
Of operations /
Of autopsy Ca ovary - Cirrhosis of liver

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? (e) Means of injury 0

23. Signature Roy Phillips (M. D. or other)
Address 7702 Lemay Date signed 4/23/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.