

Mkcu AUG 6 1942 91

Registration District No. _____ Primary Registration District No. **1003**

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:
4357 Swan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4357 Swan Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1942 hour 8:10 minute A.M.

21. I hereby certify that I attended the deceased from 8-3-1935
~~to~~ to July 23, 1942
that I last saw alive on July 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial Failure Duration _____

Due to Secondary Anemia 7yrs
Nephroses 9yrs
Chronic Myocardial Dis. 9yrs
Cydonophroses
Other conditions non calculous
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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?

23. Signature J. Rakida (M.D. or other) _____
Address Humboldt Bldg Date signed 7/24/42

3. (a) PRINT FULL NAME Hettie Delcour Marlen

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 Charles E. Marlen 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 29th 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Jefferson Farris

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

14. Maiden name Ann Immekus

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

16. (a) Informant Charles E. Marlen

(b) Address 4357 Swan Ave.

17. (a) Burial (b) Date thereof 7-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Missouri
Kriegshauser Mortuar

18. (a) Signature of funeral director _____ (b) Address 4228 So. Kingshighway Blvd.

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

874 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

11:30 to 1
Newbold
Bluffs

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 *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

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.