

S. No. 2
DM-5-42
PH. 5-17-39
PI 12375

12478

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

D APR 28 1943
Registration District No.

Primary Registration District No.

Registrar's No. **3650**

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:
1211 Mc Laran 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 about 50 years
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. 1211 McLaran Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Joseph Marquart

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Caroline Marquart 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Mar. 17, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>0</u> hr. min.

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

10. Usual occupation Retired Gardner

11. Industry or business.....

MOTHER FATHER

12. Name Theodore Marquart

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

14. Maiden name Michtelda Schroeter

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

16. (a) Informant Caroline Marquart

(b) Address 1211 McLaran Ave

17. (a) burial (b) Date thereof 4-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Booker Doehner

(b) Address 2228 St. Louis Ave

19. (a) **APR 19 1943** (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 8⁰⁰ minute 0 M.

21. I hereby certify that I attended the deceased from 11/24 1943 to 4/17 1943
that I last saw him alive on 4/16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Due to arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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 H. Chopin (M. D. or other).....

Address 8321 218th Date signed 4/18/43

Duration 4 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Marie A. Cashion
Licensed Embalmer No. 3948
P. O. Address St. Louis Mo

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.