

No. 2
-8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 200091

FILED JUL 8 1944

Registration District No. 230

Primary Registration District No. 1003

Registrar's No. 5791

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:
3245 Nebraska
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 30 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. 3245 Nebraska
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6/4/44
_____, 19____, to _____, 19____;
that I last saw her alive on 6/15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
primary of left hip.
Cerebro Renal Vascular
died
Due to _____
Due to _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Theresia Marx

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 25 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name John Schrantz

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

14. Maiden name Maria Grab

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

16. (a) Informant Albert Marx

(b) Address 3245 Nebraska

17. (a) Motor (b) Date thereof 6/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUN 28 1944 J. J. Bredick
(Date received local registrar) (Registrar's signature)

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 J. J. Bredick (M. D. or other) _____

Address 3112 1/2 Grand Date signed 6/26/44

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

000
24 1/9

5791

5791

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.....

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.