

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED NOV 10 1945
318

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **9336**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3500 Palm St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred P. Marx
3. (b) If veteran, name war No. 3. (c) Social Security No. NONE.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Marx 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 29, 1883.
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation RESTAURANT OWNER.

11. Industry or business

12. Name FRED MARX.

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Helen Marx

(b) Address 3500 Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County out
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1017
(d) Street No. 3500 Palm St. (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1945 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from On Oct 26th only. 1945
that I last saw him alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with infarction.
Due to Chr. myocarditis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

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) _____

23. Signature B. H. Kilker (M. D. or other) 10/27/45
Address 3121 Grand Date signed 10/27/45

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

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

30
17
9

MOTHER FATHER

844

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 A. Minn

Licensed Embalmer No. *4186*

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.