No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39514

FILED DEC 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10865

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4118 So. Grand, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4118 So. Grand,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Marx,
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Christian
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 28, ~~1883~~ 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	13	hr. min.

9. Birthplace Carlyle, Ill, 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business
FATHER
12. Name Unknown,
13. Birthplace do 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name do
15. Birthplace do 9
(City, town, or county) (State or foreign country)
16. (a) Informant Christian Marx,
(b) Address 4118 So. Grand,
17. (a) Burial (b) Date thereof 12/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary,
18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,
19. (a) DEC 13 1945 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1945, hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jany 25, 1939, to Dec. 11, 1945
that I last saw her alive on Dec. 10, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	6 Years
Due to Arteriosclerosis	2 Years
Due to Gangrene left foot	7 Months
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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
23. Signature L. C. Hirchmroeder (M. D. ~~or other~~)
Address 5000 S. Broadway Date signed 12/13/45

(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 Elmer R. Caldwell

Licensed Embalmer No. 4077

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.