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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 18685  
4369  
Registrar's No.

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(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)

3. (a) PRINT FULL NAME GEORGE MARR

3. (b) If veteran, name war no 3. (c) Social Security No. 496-18-2853

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

6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 19th 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 24 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpet Layer

11. Industry or business \_\_\_\_\_

12. Name Edward Marr

13. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Alles

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

16. (a) Informant George F. Marr

(b) Address 3869 Fairview

17. (a) burial (b) Date thereof 5-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director W. F. Briedick

(b) Address 2929

19. (a) MAY 15 1946 (b) W. F. Briedick  
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2807a McNair  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day May  
year 1946 hour 11:40 minute 10 M.

21. I hereby certify that I attended the deceased from 5/3/46  
5-3 1946 to 5-13 1946  
that I last saw him alive on 13 May 46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY FAILURE Duration \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature \_\_\_\_\_ (M. D. certificate)

Address St. Louis City Hosp Date signed 13 May 46

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**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.....

Licensed Embalmer No. 3541

P. O. Address 2929 So. Jefferson

**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.**