

FILED JUN 21 1946

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **5121**

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: **Lutheran Hospital**
(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 **Michael Marx**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise Marx**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **April 2 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	17	_____ hr. _____ min.

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

10. Usual occupation **Painter**

11. Industry or business **Anheuser-Busch Inc.**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Louise Marx**

(b) Address **225 Waller ave. Lemay, Mo.**

17. (a) **Cremation** (Burial, cremation, or removal)

(b) Date thereof **June 22, 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway St. Louis, Mo.**

19. (a) **JUN 20 1946** (Date received local registrar)

J. F. Bredes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")

(d) Street No. **225 Waller ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1946** hour **2** minute **12 a.** M.

21. I hereby certify that I attended the deceased from **5-10-46**
19, to **6-19-46**, 19;
that I last saw him alive on **6-19-46**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver**

Duration **6 mo.**

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **The H. Hauser** (M. D. or other) **M.D.**

Address **3657 Grandel Square** Date signed **6/20/46**

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

17
1946

MOYER FATHER

96
NR

[Handwritten signature]

2-4³⁰ P.M.

Dr. J. Hanser
3651 Grandel Square
Jeff. 4432

2-12-21-2
2-12-21-2
2-12-21-2

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

Harry J. Schmitt

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.