

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 3066-6076

State File No. 34812

Registrar's No. 3036

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Fisherswood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. 13-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Fisherswood
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 13
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM D. MARQUITZ

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

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

6. (b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Leopold Marquitz

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

14. Maiden name unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Marquitz
(b) Address R.R. 13

17. (a) Burial (b) Date thereof Oct 15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Levin H. Bapp 2nd
(b) Address Fisherswood

19. (a) 10-15-46 (b) Levin H. Bapp 2nd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-12 day 46
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from 10-11-46, 19..... to 10-12, 19.....
that I last saw him alive on 10-12-46, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration.....

Due to.....
Due to..... 94 A

Other conditions Asthma
(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?

(Specify type of glare) While at work?..... (e) Means of injury.....
23. Signature Royal C. McLean (M. D. or other) MD
Address Fisherswood MO. Date signed 10-12-46

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

33634

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 Peter B. Dubrouillet
Licensed Embalmer No. 3691
P. O. Address Richmond High

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.