S. No. 2
M—1/47
. 5-17-39

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

#62846

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43302
Registrar's No. 11742

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(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 Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 St. Louis ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK MARQUARDT
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 Cecelia Marquardt
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years about 70 | Months | Days | If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business unemployed
MOTHER FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Cecelia Marquardt
(b) Address 2623 St. Louis ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director A. Kreis L. & U. Co
(b) Address 2707 N. Grand Blv'd
19. (a) DEC 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd year 1947 hour 1 minute 37 P.M.
21. I hereby certify that I attended the deceased from 9/22/47, 19..., to Dec. 22nd 1947 that I last saw him alive on Dec. 22nd 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the prostate.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Thomas G. Moorman (M. D. or other)
Address 1515 Lafayette Date signed 12/22/47

Jefferson City Printing Co.

(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 Stanley H. Dixon

Licensed Embalmer No. 4693

P. O. Address St. Louis

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.