No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6726

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1825

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

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: Deaconess 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5066a Pernod Ave. 9
(If rural, give location)

14

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GUSTAV MARQUARDT

3. (b) If veteran, name war

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 Ann Marquardt

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April (Month) 4 (Day) 1898 (Year)

8. AGE: Years 49 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Directory Representative

11. Industry or business Bell Telphone Co.

FATHER
12. Name Gustav Marquardt
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Stirmamann
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Marquardt
(b) Address 5066a Pernod Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 22 day
year 1948 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 10/22/46 19 to 2/22 19 48
that I last saw him alive on 10/25/46 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to — Duration 2 hrs.

Due to Coronary occlusion

Due to

Other conditions Mild hypertension 160/110
(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) 0
While at work? (e) Means of injury

23. Signature Leland S. Hosto (M. D. or other) MD
Address 3723 S. Kings highway Blvd. Date signed 2/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leland Hosto
3723a So. Kingshighway

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

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.