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STANDARD CERTIFICATE OF DEATH

28009  
State File No. 7443  
Registrar's No.

FILED SEP 7 1948

318

Primary Registration District No. 1003

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:  
3866a Cottage Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County adi  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3866a Cottage Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Catherine Marxkors  
3. (b) If veteran, name war No 3. (c) Social Security No. 493-01-7669

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years  
7. Birth date of deceased February 9, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 6 15 hr. min.

9. Birthplace Livory Grove, Ill. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Sewing machine operator

11. Industry or business Society Brand Hat Co.

12. Name Henry Marxkors

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

14. Maiden name Anna Stumpf

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

16. (a) Informant Joseph Marxkors

(b) Address 3966a Cottage Ave.

17. (a) Burial (b) Date thereof Aug 26 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) AUG 25 1948 (b) J. F. Medack  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 48 hour 12 minute 30 a. M.  
21. I hereby certify that I attended the deceased from Jan 42, 1948 to 8-24-48, 1948,  
that I last saw her alive on 8-24-48, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic hypertensive  
vasc. lesion  
Due to Arteriosclerotic hypertensive  
vasc. lesion  
Due to

Other conditions (Include pregnancy within 3 months of death) 94 in

Major findings: Of operations 94 in  
Of autopsy 94 in

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
23. Signature [Signature] (M. D. or other) [Signature]  
Address 5739 NO. Strand Date signed 1-24-48

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

MOTHER FATHER

W. J. WILKINSON  
1918

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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 *J. W. Wilkerson*

Licensed Embalmer No. 3575

P. O. Address. St. Louis Mo

**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.**