

No. 30-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 41663
Registrar's No. 10681

FILED DEC 23 1948
Registration District No. 318

Primary Registration District No. _____

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

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:
St. John's 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1445 Prather Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARQUITZ
(b) If veteran, name war None
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7
year 1948 hour 1:30 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Albert
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1933, to Dec 7 1948
that I last saw her alive on Dec 7 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 9 23 hr. _____ min.

Immediate cause of death Hypertensive Cardio-Vascular Renal disease
Duration 10 yr

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Due to 61
Due to _____
Other conditions Diabetes mellitus 15 yr
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name John O'Keefe
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rose Callahan
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Marquitz
(b) Address 1445 Prather Ave.
17. (a) Burial (b) Date thereof 12 10 48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? U

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 10 1948 (b) J. B. Lasater
(Not received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Dr. C. H. Lindeman (M. D. or other) M. D.
Address 4176^{1/2} Street Date signed 12/10/48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.