

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33925

502
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3031		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY 1			
b. CITY (If outside corporate limits, write RURAL and give township) De Soto		c. LENGTH OF STAY (in this place) 2 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2199		d. STREET ADDRESS (If rural, give location) 4012 McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 ² So. MAIN ST.							
3. NAME OF DECEASED (Type or Print) a. (First) Anne		b. (Middle) LEONA		c. (Last) MARQUITZ		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 1-1878		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Washington Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dearing		13b. MOTHER'S MAIDEN NAME Elizabeth Fulcher		14. NAME OF HUSBAND OR WIFE Wm. Marquitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Dearing		ADDRESS St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fall down steps at home causing shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis & severe arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 day 59000 21 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 050				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 40050		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Jefferson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 4, 1950 9P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? walked on porch & fell down steps			
22. I hereby certify that I attended the deceased from 3:00, 1950, to 5:00, 1950, that I last saw the deceased alive on 5:00, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE M.D. [Signature]				23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 60050	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-7-1950		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) De Soto, Mo.	
DATE REC'D BY LOCAL REG. 10/15/50		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE See Motherhead			
				ADDRESS De Soto, Mo.			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-16-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.