

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 6416
 Registrar's No. 1231

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 81 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			d. STREET ADDRESS (If rural, give location) 1302 Warren St.		
3. NAME OF DECEASED (Type or Print) August		a. (First)	b. (Middle) W.	c. (Last) Marx	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Dec. 8 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred W. Marx		13b. MOTHER'S MAIDEN NAME Caroline S. Keese		14. NAME OF HUSBAND OR WIFE Minnie Marx	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred W. Marx, 1302 Warren St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis 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. Arrhythmia				INTERVAL BETWEEN ONSET AND DEATH 7 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 570X			
22. I hereby certify that I attended the deceased from 1/20/1951, to Feb 2, 1951, that I last saw the deceased alive on 2/5, 1951, and that death occurred at 2:45 P. m., from the causes and on the date stated above.					
23a. SIGNATURE F. H. Marx M.D.		(Degree or title)	23b. ADDRESS 607 N Grand		23c. DATE SIGNED Feb 6
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 8 1951	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. FEB 7 1951	REGISTRAR'S SIGNATURE J. B. Karsten		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRIDERVIEDEN F.H. INC., 1936 St. Louis Ave.		

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

MAR 26 1957

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 Max L. Warpel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.