

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14448

State File No. ....

3843

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE <b>1003</b> a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>1309 McCausland</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Madelyn</b> b. (Middle) <b>Rosemary</b> c. (Last) <b>Marx</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 51</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 10 1894</b>	9. AGE (in years last birthday) <b>57</b>	If UNDER 1 YEAR Months <b>0</b> Days <b>13</b>	If UNDER 6 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Saint Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Wm. E. Dempsey</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Speelman</b>		14. NAME OF HUSBAND OR WIFE <b>Ralph Lewis Marx</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>	(If yes, give war or dates of service) <b>X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph L. Marx</b> ADDRESS <b>1309 McCausland, St. L.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) <b>Apr 23 1951 5:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>				
22. I hereby certify that I attended the deceased from <b>April 20, 1951</b> , to <b>April 23, 1951</b> , that I last saw the deceased alive on <b>Apr. 22, 1951</b> , and that death occurred at <b>5:30 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert M. Smith</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>114 No. Taylor</b>		23c. DATE SIGNED <b>4/23/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>4-25-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Chapel</b>		24d. LOCATION (City; town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>APR 24 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert J. Ambruster, Inc., St. Louis</b> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

R.  
3917

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*R. Dyakure*

Student Embalmer No.....

Licensed Embalmer No. *3917*

P. O. Address *Flour*

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.