

FILED MAR 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7355**
Registrar's No. **451**

XC17479889
REG #112990
BIRTH NO.

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) PAGE DALE	
c. LENGTH OF STAY (in this place) 182 DAYS		d. STREET ADDRESS (If rural, give location) 1315 BELRUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J. c. (Last) MARX			4. DATE OF DEATH (Month) (Day) (Year) 2-18-54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-25-1896
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED	11. BIRTHPLACE (State or foreign country) SPRINGFIELD, ILL. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STENO TYPE OPER.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOSEPH MARX		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ELSIE MARX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Malignant melanoma, metastatic, to the brain		INTERVAL BETWEEN ONSET AND DEATH 10 months	
*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 190x	
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) VA	21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-20-53 , 19___, to 2-18-54 , 19___, that I last saw the deceased on 2-18-54 , and that death occurred at 1:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. A. ALLEN, MD		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 2-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-20-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 2-19-54	REGISTRAR'S SIGNATURE Nehmet R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.	

SW (Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.

Signed

David Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.