

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42409

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10656

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

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY | |
| b. CITY OR TOWN <u>St. Louis Mo</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>819 1/2 Market</u> | | e. STREET ADDRESS (If rural, give location) <u>25 819 1/2 Market 2259</u> | |
| 3. NAME OF DECEASED a. (First) <u>Otto</u> b. (Middle) <u>Marx</u> c. (Last) <u>FAY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 31 54</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>abt = 1899</u> |
| 9. AGE (In years less birthday) <u>55</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Wick</u> | 13b. MOTHER'S MAIDEN NAME <u>Wick</u> | 14. NAME OF HUSBAND OR WIFE <u>Wick</u> | |
| 15. WAS/DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Wick</u> | 16. SOCIAL SECURITY NO. <u>Wick</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. O. Taylor Cr. 1300 Clark</u> | |
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u> DUE TO (c) <u>Thrombosis</u> 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 <u>Mr. M. A</u> | | 20. AUTOPSY? YES <input checked="" 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) <u>4201</u> | |
| 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? | |
| 22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>James M. Kelly Deputy Coroner</u> | | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>11-18-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>11-30-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>NOV 23 1954</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.</u> | |

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
Signature of Student Embalmer

Signed *Gene Stittchus*

Licensed Embalmer No. *4466*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.