

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

6898

State File No. ....

318

1003

1625

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u>				b. COUNTY <u>McLean</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bloomington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>916 W. Oakland 8120</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>George</u>			c. (Last) <u>Marquardt</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>2 15 56</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>3.10.94</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Blacksmith</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill.</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Charles Marquardt</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Allendorf</u>			14. NAME OF HUSBAND OR WIFE <u>Elda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elda G. Marquardt, Bloomington, Ill.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Left Ventricular Aneurysmal Formation and mural Thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Focal Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Focal Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>about 2 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)					
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 <u>1.31.</u> , 19 <u>56</u> , to <u>2.15.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2.14.</u> , 19 <u>56</u> , and that death occurred at <u>2:45A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clement J. Sullivan, M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hosp. Assn.</u>		23c. DATE SIGNED <u>Feb 15, 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomington, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 15 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Albert H. Hoppe, 4700 Washington Blvd.</u>					

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

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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Etton R. Penelun* .....

Licensed Embalmer No. *428* .....

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.