URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1959

59-038499

STATE FILE NUMBER

ENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2826

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Ellisville — Length of stay in 1b: 2 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunset Sanitarium — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1004 Blendon Pl. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: LOUIS Middle: JOSEPH Last: MARQUITZ

4. DATE OF DEATH Month, Day, Year: October 24, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Jan. 30, 1881
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 8, Days 24 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman Retired
10b. KIND OF BUSINESS OR INDUSTRY: Amer. Car & Foundry
11. BIRTHPLACE (City and state or country): St. Louis County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Marquitz
13b. MOTHER'S MAIDEN NAME: Anna E. Bachle
14. NAME OF HUSBAND OR WIFE: May Pidgeon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-07-4843A
17. INFORMANT: Mrs. Geo Doering Address: 6220 Oakland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia, massive — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Staphylococcus Infection — 7 days.
DUE TO (c) unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1 Sept. 59 to Oct. 24 1959 and last saw him alive on Oct. 24 1959
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Barnett (Degree or title) M.D.
22b. ADDRESS 10424 Manchester
22c. DATE SIGNED 10/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

24. FUNERAL DIRECTOR: Ambruster Mortuary ADDRESS: 6633 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 10-26-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Fred. Garner

Signature of Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.