

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

59-042220

FILED VS DEC 8 1959

210807

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 6-1/2 Mos		c. CITY OR TOWN Beverly Hills		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7128 Natural Bridge		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CATHERINE Middle C. Last MARDER				4. DATE OF DEATH Month Nov. Day 22 Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 28, 1882		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and state or country) Elkhardt, Ind.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME John Henry Wagner				13b. MOTHER'S MAIDEN NAME Vera Barbara				14. NAME OF HUSBAND OR WIFE John Lee Marder					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Richard Hilbert O'Fallon, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction										INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b) Arteriosclerosis; heart disease										1 1/2 yrs.			
DUE TO (c) Generalized metastatic carcinoma of breast										2 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) 11/24/59 170X										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) No recent injury - fracture of femur St. Louis, Mo. 3-28-1959									
20c. TIME OF INJURY Hour ? Month, Day, Year 4-30-59		Hour ? a.m. ? p.m. ?		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 Home		20f. CITY, TOWN, OR LOCATION Beverly Hills, Mo.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Maureen P. Decker, G.D.						22b. ADDRESS 3720 Washington			22c. DATE SIGNED 11/24/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/24/59		23c. NAME OF CEMETERY OR CREMATORY Gethsemane Cemetery			23d. LOCATION (City, town, or county) (State) Fort Madison, Ia.						
24. FUNERAL DIRECTOR Cullen & Kelly				ADDRESS 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. NOV 23 1959		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

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

James A. Lammers

Licensed Embalmer No. _____

4142

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.