No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23226

LEO AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5671

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1383 Burd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (unk) (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")
(d) Street No. 1383 Burd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isadore Marx 620
3. (b) If veteran, name war no
3. (c) Social Security No. 492-05-9551
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Marx
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased April 12, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	2	20	hr. min.

9. Birthplace Meridian (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business retail furniture
FATHER
12. Name Henry Marx
13. Birthplace (unk) (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Bertha Isaacs
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Floyd Marx
(b) Address 7400 Gannon
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation ChesedShelEmeth
18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson
19. (a) JUL 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1940 hour 5:15 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis following Ruptured Diverticulitis of Sigmoid;	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Levin (M. D. or other)
Address Deputy Chemist Date signed

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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, above space should be left blank.