V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16424

State File No. 4939

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 5202 Goodfellow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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.
(If outside city or town limits, write "RURAL")
(d) Street No. 5202 Goodfellow.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Marx

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Marx

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 14 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Henry W. Kuhs.
13. Birthplace Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jonanna Mueller
15. Birthplace Germany. (City, town, or country) (State or foreign country)

16. (a) Informant Fred Marx.
(b) Address 5202 Goodfellow.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 6 1942 (Date received local registrar) J. J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 1 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 10th 1928 to June 4th 1942 that I last saw her alive on June 4th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pyelonephritis	
Due to: Nephritis	14 yr
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 Chas. F. Neuse M.D. (M. D. or other)
Address 3109 So. Grand Blvd. Date signed 6/5/42

(Licensed Embalmer's Statement on Reverse Side)

844

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 Calvin G. Peck

Licensed Embalmer No. 2927

P. O. Address St Louis Mo

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, fact should be so stated above.