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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6188

FILED JUL 17 1943 18

Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3245 Nebraska Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether

In this community Life
years, months or days)

3. (a) PRINT FULL NAME FRANK JOSEPH MARX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Theresia

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased June 7th 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>0</u>	<u>29</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Retired

MOTHER FATHER {

12. Name John Marx

13. Birthplace Wein, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Meyer

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Marx

(b) Address 3245 Nebraska

17. (a) Burial - (Type of burial, cremation, or removal) (b) Date thereof 7/9/43.
(Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director A. W. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 7 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 247
(If outside city or town limits, write "RURAL")

(d) Street No. 3245 Nebraska Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1943 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 27 1943 to July 6 1943
that I last saw him alive on July 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Toxic Hypertension

Due to Urinary
Benign, Bladder (cont. from)

Due to 57

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?

While at work? (Specify type of place)
(e) Means of injury:

23. Signature Dr. Leo P. Young (M. D. or other)
Address 2621 E. Jefferson Date signed 7/2/43

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.....

L. R. Cooper

Licensed Embalmer No. *3633*

P.O. Address *2317 Lafayette*

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.