

ISSUOR OF PUBLIC HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-61-027508

REGISTRATION DISTRICT NO. 318

PRIMARY REGISTRATION DISTRICT NO. 1003

REGISTRAR'S NO. 6393

STATE FILE NUMBER

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY 4444 Lindell Ave		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4444 Lindell Blvd.		d. STREET ADDRESS (If outside, give location) 4444 Lindell Blvd.	
3. NAME OF DECEASED (ALSO KNOWN AS) JULIUS MARX Charles Gerald Wilson		4. DATE OF DEATH July 9, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1/2/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainer		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Hockey Club	11. BIRTHPLACE (City and state or country) Allentown, Pa.
13a. FATHER'S NAME Julius Marx		13b. MOTHER'S MAIDEN NAME Lydia Barnes	14. NAME OF HUSBAND OR WIFE Unavailable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Emma Cohen, Altoona, Pa.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Sclerosis with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) old infarction myocardial DUE TO (c) generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 6 hrs 1960
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Taken Alcoholics old (treated)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1961 to July 9, 1961 and last saw him alive on July 7, 1961 Death occurred at July 9, 1961 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dominic Joseph Verda M.D.		22b. ADDRESS 4500 Olive St	22c. DATE SIGNED 7-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-10-61	23c. NAME OF CEMETERY OR CREMATORY Monogahala Cemetery	23d. LOCATION (City, town, or county) (State) Braddock, Pa.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JUL 10 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

BY AFFIDAVIT OF

NO. 19 20

(W 115155) 29145K

WINK

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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 Robert M. Murray

Licensed Embalmer No. 3749

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.