MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2884

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 467

Township ..... Primary Registration District No. 1003 Registered No. 467

City St Louis (No. 2020 a Penrose St. ..... Ward)

2. FULL NAME Martin John Marcheck

(a) Residence. No. 2020 a Penrose St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Anna

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 1883

7. AGE: Years 43 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mountain Man

(b) General nature of industry, business, or establishment in which employed (or employer): Mt. Bank of Com

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: John Marcheck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohaemia

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bohaemia

14. INFORMANT: Mrs Anna Marcheck
(Address) 2020 a Penrose

15. FILED JAN 14 1927, 19..... Max C Starkloff REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1927, to Jan 12th, 1927, that I last saw him alive on 1 — 12 —, 1927, and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chron Mitral Insufficiency

(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred Theo. Vogler, M.D

1/13, 1927 (Address) 4244 W. Florissant

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 1/15 1927

20. UNDERTAKER: W. A. Stock

ADDRESS: 2117 E. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.