WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

15011

15278

File No.

Registered No. 4208

1. PLACE OF DEATH

County

Township

City St Louis (No. Jewish Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1005

2. FULL NAME Kenneth Mark

(a) Residence. No. 4241 Prairie Av St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 30 1927

7. AGE: Years | Months: 8 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Ralph Mark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Council Bluffs Ia.

12. MAIDEN NAME OF MOTHER: Lucretia Conrad

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

14. INFORMANT: Ralph Mark
(Address) 4241 Prairie Av.

15. FILED APR 17 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4 – 14 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-9, 1928, to 4-14, 1928, that I last saw him alive on 4-14, 1928, and that death occurred, on the date stated above, at about 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia following Influenzal

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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? X ray

(Signed) S. E. Pesetke, M. D

4-16, 1928 (Address) Beaumont Bldg

*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: New Bethlehem

DATE OF BURIAL: April 17 1928

20. UNDERTAKER: Theo. H. Beiderwieden

ADDRESS: 1936 St Louis Av