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

Do not use this space.
18923

1. PLACE OF DEATH
County..... Registration District No. 791
Township St. Louis Mo. Primary Registration District No. 1003
City (No. 2650 a California St. ..... Ward)

File No. 1 | 5332
Registered No. .....

2. FULL NAME Lorraine Marko.
(a) Residence. No. 2650 a California St., 23 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: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1927.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	11	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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, Mo.

PARENTS
10. NAME OF FATHER Leo. Marko.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Greece
12. MAIDEN NAME OF MOTHER Mary Eutalia
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Greece

14. INFORMANT Leo. Marko.
(Address) 2650 a California

15. FILED MAY 15 1928 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15- 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 15, 1928, that I last saw h. alive on May 14, 1928, and that death occurred, on the date stated above, at 12:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 10 10 a
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

5/15, 1928 (Signed) William Weiss, M. D.
(Address) 2661 Lafayette a

*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: St. Mathews — DATE OF BURIAL: May 17- 1928.
20. UNDERTAKER: Ziegenhein Bros. 2623 — ADDRESS: Cherokee

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.