

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

Do not use this space.

18944

**1. PLACE OF DEATH**

County.....

Registration District No. 701  
1002

Township.....

Primary Registration District No. ....

City..... St. Louis

(No. Bathesda Hospital)

File No. ....

Registered No. 5354

St. .... Ward)

**2. FULL NAME** Samuel S. Marks

(a) Residence. No. 6111 Dewey Ave. St. 1 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alphonsa A. Marks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 7 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work emp. Goods  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Henry Marks

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

12. MAIDEN NAME OF MOTHER Hannah Bazinsky

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

14. INFORMANT Alphonsa A. Marks  
(Address) 6111 Dewey Ave.

15. FILED MAY 16 1928 May C. Standoff 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 him alive on May 15 1928 and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. Nephritis - Chronic  
2. Hypertension - Myocarditis  
3. Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....  
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Joseph H. Rudolph M. D.  
May 6, 1928 (Address) 408 Linder 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 Mt. Saint Ann DATE OF BURIAL May 17 1928

20. UNDERTAKER Neuman Rudskopf ADDRESS 5756 Delmar

WRITE PAINLY, 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.

