

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **1017**
 City **St. Louis** (No. **4713**, **De Soto Ave**) St. Ward)

File No. **18020**
 Registered No. **4219**

2. FULL NAME

(a) Residence, No. **4713 De Soto St.** St. **10** Ward. (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 **M.** 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 **Elizabeth Marcus**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 23, 1867**

7. AGE YEARS **65** MONTHS **5** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Landscape**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Gartner**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Peter Marcus**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Helen Kasper**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Elizabeth Marcus** (ADDRESS) **4713 De Soto**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabury** DATE **5-13** 1933

19. UNDERTAKER (ADDRESS) **De Rosa and Co. 37 West Frank St.**

20. FILED **12 15 33** 19 **F. F. Prebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **May 8** 19**33**, to **May 10** 19**33**

I last saw him alive on **May 10** 19**33**. Death is said to have occurred on the date stated above, at **6 P. m.**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **5-10-33**

Other contributory causes of importance: **Diabetes Mellitus, Myocarditis Chronic**

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify **B. Renschler** M. D.

(Signed) **B. Renschler** M. D. (Address) **520 Malcolm St. St. Louis**

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.

Dr. Klinebeck, Mich.
508 N. Grand, Metropolitan Bldg.
7:30 P.M.