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

Do not use this space.

26906

File No. 7138

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Home, 5102 Maple St. Ward)

2. FULL NAME Morris Marcus

(a) Residence, No. 5102 Maple Ave St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

AUG 16 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS abt. 76 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery Store

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

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 15 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

FATHER

13. NAME: Gershin Marcus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

17. INFORMANT (ADDRESS): John Marcus 6406 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE July 20, 1934

19. UNDERTAKER (ADDRESS): Gerhardt Pelmed Undt. 4069 Washington

20. FILED July 20, 1934 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to July 20, 1934

I last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Nephritis, chronic	[illegible]
134	
165	

Other contributory causes of importance: Senility

Name of operation — Date of

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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? No

If so, specify

(Signed) John E. Braun, M. D.

(Address) 4518 Washington Ave

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.

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

Bram