

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.

AUG 16 1934

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

Do not use this space.

27472

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **St. Anthony's Hospital**) St. .... Ward)

2. FULL NAME

**John G. Marcus**  
(a) Residence, No. **R.R. #13** St., **N.R. Ward, Kirkwood Mo.**  
(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 <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary A. Marcus</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>10-5-1863</b>		
7. AGE YEARS <b>70</b>	MONTHS <b>9</b>	DAYS <b>22</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>		11. Total time (years) spent in this occupation.....
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).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo</b>
13. NAME <b>John A. Marcus</b>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
15. MAIDEN NAME <b>Catherine Heaven</b>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
17. INFORMANT (ADDRESS) <b>Mary A. Marcus R.R. #13 Kirkwood</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <b>Manchester, Mo 7-30-1934</b>
19. UNDERTAKER (ADDRESS) <b>Louis K. Bopp Kirkwood</b>
20. FILED <b>J. W. Bredes</b> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-27-1934**

I HEREBY CERTIFY That I attended deceased from **July 21** 19**34** to **July 27** 19**34**  
I last saw him alive on **July 26** 19**34**. Death is said to have occurred on the date stated above, at **3:50 a.m.**

The principal cause of death and related causes of importance were as follows:  
**Heart Prostration**  
**Diabetes Mellitus**  
**arteriosclerosis with Hypertension**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Chincoquin** Was there an autopsy? **No.**

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? **none** (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 **A. Glenn Davis** M. D.  
(Signed) **R. F. D. #13 Kirkwood Mo.**  
(Address)

