

APR 25 1936

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

Do not use this space.

12336

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 790

Township

Primary Registration District No. 6933aCity Clayton Mo (No. \_\_\_\_\_)County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Marcus, Barbara(a) Residence, No. Scott Ridge - Jennings

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

4. COLOR OR RACE

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

Female WhiteSingle

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

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

Dec. 4<sup>th</sup> 1935

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

—32

OCCUPATION

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

Infant

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)

11. Total time (years) spent in this occupation

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

Jennings Mo.

MOTHER FATHER

13. NAME

Joseph Marcus

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

St. Louis, Mo.

15. MAIDEN NAME

Agnes Froll

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

Illinois

17. INFORMANT (ADDRESS)

Joseph Marcus, Jennings Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Calvary, Mo. 7<sup>th</sup> 1936

19. UNDERTAKER (ADDRESS)

Aug. Brockland & Co., 4217 9<sup>th</sup> St., St. Louis, Mo.

20. FILED

3-6 1936

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-36, 19

22. I HEREBY CERTIFY, That I attended deceased from

3/3/36, 19, to 3/6/36, 19I last saw h. sa alive on 3/5/36, 19. Death is saidto have occurred on the date stated above, at 6:30 A. m.

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

Date of onset

Pneumo-pneumonia

Other contributory causes of importance:

Malnutrition, prematurity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_

(Signed Frank Robinson, M. D.(Address) St. Louis Co Hosp., Clayton, Mo.

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.

