APR 9 1937

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. 791 File No. 9958

Township ..... Primary Registration District No. 1003 Registered No. 2018

City St. Louis, Mo. (No. 6150 Oakland Ave. BEACONESS HOSPITAL St. ..... Ward)

2. FULL NAME Mariane Marcus

(a) Residence, No. 405 HOFFMIESTR AVE St., N.R. Ward. Luxemburg 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1937

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 8 hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St. Louis, Missouri

FATHER
13. NAME Albert Frederick William Marcus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland, Indiana

MOTHER
15. MAIDEN NAME Helen Jeanette Slrieder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) (Mother) Mrs. Marcus 405 Hoffmeister

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. JOHNS CEM DATE MAR. 4. 1937

19. UNDERTAKER (ADDRESS) C HOFFMIESTER UND 7814 S. BROADWAY

20. FILED MAR 4 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 2, 1937

I last saw her alive on March 2, 1937. Death is said to have occurred on the date stated above, at 9:10 A.m.

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

Patulous Foramen Ovale (Cardiac) — Date of onset

Other contributory causes of importance: 157

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 .....

(Signed) Richard H. Fuhrmann, M. D.

(Address) 4247 S. Grand.

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.