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

SEP 25 1937

Do not use this space.

File No. 31841
Registered No. 335

1. PLACE OF DEATH

County: Saint Louis
Township: C
City: Jefferson Barracks (No. VA 7 St. Ward)
Registration District No. 1123
Primary Registration District No. 6248B

2. FULL NAME Joseph F. MARIK

(a) Residence, No. 3959a Chippewa Ave. St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. Unkn. 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year) June, 1937
11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

FATHER

13. NAME Frank Marik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Bohemia

MOTHER

15. MAIDEN NAME Josephine Titl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Bohemia

17. INFORMANT (ADDRESS) Clinical Clerk M. Schilling VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hon Picture DATE Aug. 23, 1937

19. UNDERTAKER (ADDRESS) Wm. G. Mongello 1926 Gatewy ave.

20. FILED Aug 19, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to August 19, 1937
I last saw him alive on August 19, 1937 Death is said to have occurred on the date stated above, at 9:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized with hypertension, severe.	Unkn.

Other contributory causes of importance:

Chronic Nephritis with edema and marked retention of nitrogen.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Priv. clinical manif. and laboratory 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? (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) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

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.

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