

REC'D DEC 12 1938

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

37281

Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008 Registered No. 9608  
(c) City St. Louis (d) Street No. 5540a, Robin Avenue St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mrs. MARIE A. MARCK,  
(a) Residence, No. 5540a Robin Avenue St. 7 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Xavier Marck  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1866  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as 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) Germany

FATHER 13. NAME Karl Haring

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT (NAME) Mrs. Lena E. Kirchoff  
(ADDRESS) 5540a Robin Avenue

18. BURIAL, CREMATION, OR REMOVAL Old S. S. Peter & Paul Nov. 5, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son  
(ADDRESS) 2161 East Fair Avenue

20. FILED NOV 6 1938 J. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Nov 2, 1938  
I last saw him at 8:10 alive on Nov 2, 1938 Death is said to have occurred on the date stated above, at 9:10 P. M.  
The principal cause of death and related causes of importance were as follows:

Date of onset Nov 1/38  
Chronic nephritis  
Other contributory causes of importance: Diabetes Mellitus 11/1/38

Name of operation none Date of X  
What test confirmed diagnosis? urinal findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury Nov 2, 1938  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify at William T. H. ...  
(Signed) J. Bredeck (Address) 3500 N. Grand St. St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**