

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9022
Registrar's No. 2505

Registration District No. 791

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3/14/47 J. J. [unclear]

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 3200 Harper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Heine Marks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Divia Marks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 6 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Lake Providence La (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Self

MOTHER FATHER
12. Name Henry Marks
13. Birthplace Does not know (City, town, or county) (State or foreign country) Ger. 6
14. Maiden name Dorothy Bajinsky
15. Birthplace Does not know (City, town, or county) (State or foreign country) Ger. Mo

16. (a) Informant Herman Gearing
(b) Address 3200 Harper St.
17. (a) Cremation (b) Date thereof 3-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla, Crematory

18. (a) Signature of funeral director Pravatt and Co
(b) Address 3710 N Grand Blvd

19. (a) MAR 15 1940 (b) J. J. [unclear]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Harper
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1940 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 14
1940, 1940, to Mar. 13, 1940
that I last saw him alive on Mar 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
Due to La Grippe
Duration 3 wks

Other conditions Empty aorta
(Include pregnancy within 3 months of death) chronic
non tubercular
Major findings: Empty aorta
Of operations _____
Of autopsy 93C

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature P. [unclear] (M. D. or other) _____
Address 3147 S. Jeff. Ave Date signed 3-14-40

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert L. Brinkman
Licensed Embalmer No. 3553
P. O. Address 3710 N. Grand Bl

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.