S. No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 4378

Registrar's No. 83

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6340 Suburban Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6340 Suburban Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank S. Mark.
3. (b) If veteran, name war Spanish American War
3. (c) Social Security No. 499-01-021
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Mark
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 7, 1873. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	6	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name Frank C. Mark
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary L. Murphy
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Julia Mark,
(b) Address 6340 Suburban Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/41. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JAN 14 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1941 hour 10.00 minute A.M. M.
21. I hereby certify that I attended the deceased from 2-12, 1940 to 1-5, 1941 that I last saw her alive on 1-5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

Bopp.

Note: 1-13-41

Dr. Smith talked to Coroner at Kirkwood this morning who gave him permission to sign this death certificate. Patient was treated here several months ago for diagnosis as stated on death certificate by Dr. Smith.

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. 3225

P. O. Address 1125 Hodiamont Ave.,

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

If this body is not embalmed, fact should be so stated above.