

791  
FILED APR 20 1942  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Faith Hospital 0  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis 2317  
(If outside city or town limits, write "RURAL")

(d) Street No. 2328a Lemp Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME a KLEMENT MARIN

3. (b) If veteran, name war..... no

3. (c) Social Security No.....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Marin

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 23, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>16</u>	hr. min.

9. Birthplace Dalmacia  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name John Marin

13. Birthplace Dalmacia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kovacevic

15. Birthplace Dalmacia  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Marin

(b) Address 2328a Lemp Ave.

17. (a) Burial (b) Date thereof April 13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) APR 11 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 4/8/42  
19..... to 4/9/42 19.....  
that I last saw him alive on 4/9 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis  
ruptured gangrenous  
appendicitis & peritonitis.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Same as above

Of autopsy Same as above

Duration

48h?

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature A. J. Signaller (M. D. or other) M.D.

Address 2801 N. T. Taylor Ave. Date signed 4/10/42

**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 Berj. C. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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, fact should be so stated above.**