

FILED FEB 23 1943
818

Registration District No. Primary Registration District No. 1002 Registrar's No. 1353

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 616a Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emanuel Marcus
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 9, year 1943 hour 10:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Rose R. Marcus 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 2 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3, 1943 to February 9, 1943 that I last saw him alive on February 9, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 7 7 hr. min.

Immediate cause of death
Arteriosclerotic-hypertensive heart disease

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to Generalized arteriosclerosis

10. Usual occupation Retired Salesman

Other conditions (include pregnancy within 3 months of death)
Senile dementia

11. Industry or business Military
12. Name Joseph Marcus
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rose Mayfield
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy None
Underline the cause to which death should be charged statistically.

16. (a) Informant Jacob Marcus
(b) Address 749 Westgate
17. (a) Cremation (b) Date thereof 2-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

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?

18. (a) Signature of funeral director Herbert Hindstep
(b) Address 725 5216 Delmar Blvd.
19. (a) FEB 10 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
Home
23. Signature Home Sweet Home (M. D. or other)
Address 15-15 Lafayette Date signed 2-10-43

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 *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P.O. Address *5216 Delmar*

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.