

FILED FEB 16 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1142

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. John's Hospital
(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
(If outside city or town limits, write "RURAL.")

(d) Street No. 6419 Arsenal Street.
(If rural, give location)

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

3. (a) PRINT FULL NAME Vangel L. Marko

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased January 30, 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

21 0 1 hr. min.

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

10. Usual occupation Waiter

11. Industry or business Restaurant

12. Name Leo Marko

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

14. Maiden name Ethel Joseph

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

16. (a) Informant Leo Marko

(b) Address 6419 Arsenal Street.

17. (a) Burial (b) Date thereof 2/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) FEB 4 1943 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1943 hour 9 minute 0 M.
9-70-42

21. I hereby certify that I attended the deceased from 2-1-1943
to 1-29-1943
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Endocarditis
Septic Abscesses
Chronic Arthritis
Chronic Interstitial Nephritis
Passive Congestion of Lungs
Fever

Duration 4 hrs
1931
4 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1/31
Of autopsy Endocarditis, D.T.D.
Septic abscesses, Congestion of Lungs

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?

23. Signature George S. McKay (M.D. or other)
Address 3903 Olive St. Date signed 2/3/43

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 Walter G. Hoffe
Licensed Embalmer No. 1971
P. O. Address.....

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.