S. No. 2
1—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11014

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3110 N. Whittier St. (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) 1

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. 3110 N. Whittier St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miranda Belle Marks

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosco Marks
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 18 (Day) 1879 (Year)

8. AGE: Years 65 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Decatur (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Tyndall
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Rosco Marks
(b) Address 3110 Whittier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 26 (Day) 44 (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1944 hour 10 minute 0 a.M.

21. I hereby certify that I attended the deceased from 12-12-44, 19 , to 12-23-, 1944
that I last saw her alive on 12-23-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to cold

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

108

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 Dr. W. W. Fain (M. D. ~~or other~~)
Address 3505 N. Grand Date signed 12-29-44

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P.O. Address St. Louis, Mo.

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.