

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2633**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Florissant, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
650 Jefferson St.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Florissant
(If outside city or town limits, write "RURAL")
 (d) Street No. 650 Jefferson St.
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME John H. Marks.
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Anna Marks 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Oct. 11, 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 5 hr. min.

9. Birthplace Piqua, Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business.....
 12. Name ? Marks
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Marks
 (b) Address Florissant, Mo.
 17. (a) Burial (b) Date thereof Nov. 19/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sacred Heart Cem.
 18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave.
 19. (a) 11-19-45 (b) John M. Ganan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 16
 year 1945 hour 5.30 minute A.M.

21. I hereby certify that I attended the deceased from 5-11-1945 to 11-16-1945;
 that I last saw him alive on 11-16-1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
Failure on my heart during 5 years

Due to 13.8
 Due to None
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) L
 (b) Date of occurrence L
 (c) Where did injury occur? L
(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? L (e) Means of injury L
 23. Signature Ray Johnson (M. D. or other)
 Address Florissant Mo. Date signed 11/17/45

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

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

Dr. Roy Johnson,
Ferguson, Mo.

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.....

Alfred J. Boedeker

Licensed Embalmer No. 2663.....

P. O. Address 1125 Hodiament Ave.,.....

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.