

FILED APR 76 1946
Registration District No. 397Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County Saint Louis, Co.
 (b) City or town Maplewood Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2516 Circle Drive
 (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)

3. (a) PRINT FULL NAME Oscar Mark Sr.3. (b) If veteran, name war..... 3. (c) Social Security No. XXXXXXXXXXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 75 years
Elizabeth Mark
 7. Birth date of deceased..... December 7th, 1866.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>24</u>hr.min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Musician

11. Industry or business.....

MOTHER FATHER { 12. Name Frank Mark
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Mark(b) Address 2516 Circle Drive, Maplewood Mo17. (a) Burial (b) Date thereof April 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery.18. (a) Signature of funeral director Zegerheim Bros.(b) Address 6409 Gravois Ave.19. (a) 4-3-46 (b) Zegerheim Bros.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Holston 96
 (c) City or town Maplewood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2516 Circle Drive.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st.
year 1946. hour 8 minute 30 A.M.21. I hereby certify that I attended the deceased from Feb 25, 1946, to March 31, 1946
that I last saw him alive on Mar 25, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of Duration
Stomach 5 to 6 yrs according
to history

Due to.....

Due to.....

Other conditions Fractured L. hip due to fall
(Include pregnancy within 3 months of death) in his home
Feb 23 46

Major findings: Of operations.....

Of autopsy.....
ADDITIONAL SUPPLEMENTARY INFORMATION
 Underline the cause to which death should be charged statistically.22. If death was due to external causes, fill in **REQUIRED**

(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 Clifford E. ... (M. D. or other)Address 7050 W. ... Date signed Apr 1 46

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 *Homer W. Fritz*

Licensed Embalmer No. *3882*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 763

Registration District No. 317 Primary Registration District No. 3068

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Oscar Mark Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ live _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 79 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

(a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR 1946 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ of _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Cancer - Face.

Due to Death not caused by

Other conditions: fall (Include pregnancy within 3 months of death) Fracture wrist

Major findings: healing Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Feb 24 46

(c) Where did injury occur? Maplewood MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his home

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature Collyer & Pender (M. D. or other)

Address 7000 Wale Ave Date signed Apr 11 46

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

SUPPLEMENTARY

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

10640