S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24834

Registration District No. 317 Primary Registration District No. 20002 Registrar's No. 1567

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town UNIVERSITY CITY:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7737 DELMAR BLVD: /
(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 ST LOUIS:

(c) City or town UNIVERSITY CITY:
(If outside city or town limits, write "RURAL")

(d) Street No. 7737 DELMAR BLVD.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME IDA 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 2 WIDOWED

6. (b) Name of husband or wife SAMUEL J. MARKS

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

7. Birth date of deceased JUNE (Month) 10 (Day) 1859. (Year)

8. AGE: Years 87 Months I Days 15 If less than one day ..... hr. ..... min.

9. Birthplace CINCINNATI (City, town, or county) OHIO / (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name ANDREW FLINT
13. Birthplace MANCHESTER (City, town, or county) ENGLAND 4 (State or foreign country)

MOTHER
14. Maiden name MARY ANN WATTS
15. Birthplace ..... (City, town, or county) ENGLAND 4 (State or foreign country)

16. (a) Informant MISS MABEL MARKS
(b) Address 7737 DELMAR BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 29/46 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) 7-29-46 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1946 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June 11th 1946 to July 26 1946 that I last saw her alive on July 24th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Rt)	6/11/46
Apoplexy 83-a	
Due to Hypertension (High Blood Pressure)	?
Due to Senility	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 A. S. Wichman (M. D. or other)
Address 4660 Maryland Av Date signed 7/26/46

(Licensed Embalmer's Statement on Reverse Side)

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

23685

OCT 21 1946

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 Clarence H. Murray

Licensed Embalmer No. 404

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.