

S. No. 2  
M-1/47  
v. 5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 15403  
Registrars No. 4550

FILED MAY 14 1947  
378  
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jewish 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..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL") **10/19**  
(d) Street No. **3217a Barrett Street**  
(If rural, give location) **9**  
(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **MILTON MARK**  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **Unknown**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **4**  
year **1947** hour **12** minute **35** P.M.  
21. I hereby certify that I attended the deceased from **10 P.M.**  
**May 4**, 19**47** to **12:35 P.M.** 19.....  
that I last saw him alive on **above date**, 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**About 58** hr. min.

Immediate cause of death..... **Coronary Occlusion**  
Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy **Coronary Occlusion**  
**Aneurysm of left ventricle**

9. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation..... **Salesman**  
11. Industry or business..... **Coffee**  
12. Name..... **Joseph Mark**  
13. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Annie Lowen**  
15. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)  
16. (a) Informant..... **Frieda Blumenfeld**  
(b) Address..... **4615 Lindell Blvd.**  
17. (a) **Burial** (b) Date thereof..... **5-6-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Mt. Olive Cem.**  
18. (a) Signature of funeral director..... **Berman Burial Service, Inc.**  
(b) Address..... **5216 Delmar Blvd.**  
19. (a) **MAY 5 1947** (b) **J. Redel**  
(Date received local registrar) (Registrar's signature)

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. E. Schechter** M. D. or other **M.D.**  
Address..... **Jewish Hospital** Date signed..... **5 May 47**

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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 \_\_\_\_\_

*H. Burgess*

Licensed Embalmer No. \_\_\_\_\_

4029

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.