

3. No. 2
-12-45
5-17-39
P 1 X47070

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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 1 1/2 wks
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME JENNIE MARKS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank I. Marks

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

7. Birth date of deceased About 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

ab. 71 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name (unk) Leventhal

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

14. Maiden name Thelma (unk)

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

16. (a) Informant Ben Marks

(b) Address 1409 St. Louis, E. St. L., Ill

17. (a) burial (b) Date thereof 5/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 4 1947 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1409 St. Louis Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1947 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from Jan 25 to May 3, 1947; that I last saw her alive on May 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Renal embolus
Acute respiratory c
Auricular fibrillation

Duration 1 hr
24 hrs

Due to Acute respiratory c
Auricular fibrillation

Due to

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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).....

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?.....

While at work?.....
(Specify type of place) (c) Means of injury.....

23. Signature Asphedfeldman (M. D. or other) md

Address 638 N. Grand Date signed 6/3/47

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 *James A. Anderson*.....
Licensed Embalmer No. *4359*.....

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.