. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10510

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1607a Hickory Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PAULINE MARKS

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Fred J.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 7, 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 1 | Days 6 | If less than one day ... hr. ... min.

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

10. Usual occupation House-wife

11. Industry or business at home

MOTHER FATHER

12. Name Antoin Knightheart

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 Fred J. Marks

(b) Address 1607a Hickory Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1947 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from 11/7/47, 19..., to Nov. 13th 1947, that I last saw her alive on Nov. 13th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subarachnoid hemorrhage	10 days
Due to: vascular disease with hypertension	4 years
Due to: Hypertensive cardiovascular disease	
Other conditions: Pulmonary edema (Include pregnancy within 3 months of death)	6 years

Major findings:
Of operations
Of autopsy Refused

PHYSICIAN

Underline the cause of 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 Warren B. Mills (M. D. or other)

Address 1515 Lafayette Date signed 11/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mel

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Rafayette

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.