. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18244

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1376

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 329 MADISON AVE 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME JACOB MARKS
3. (b) If veteran, name war NONE
3. (c) Social Security No. 492-09-4083 A
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY MARKS
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased MAY (Month) 5 (Day) 1878 (Year)

8. AGE: Years 70 Months 0 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation FURNACE MAN
11. Industry or business SCULLINS STEEL CO
FATHER
12. Name UNKNOWN — 9
13. Birthplace UNKNOWN (City, town, or county) — 1 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN — 11
15. Birthplace UNKNOWN (City, town, or county) — 7 (State or foreign country)
16. (a) Informant Francis Marks
(b) Address 329 Madison
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Parker Und Co
(b) Address Webster Groves Mo
19. (a) 6-2-48 (Date received local registrar) (b) [illegible] Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st.
year 1948 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from May 6, 1946, to May 31, 1948; that I last saw him alive on May 31, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	12 hours.
Due to: Hypertrophic cardiovascular disease	2 years.
Due to: 93 d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Trenton M Gaines MD (M. D. or other)
Address 508 N Kirkwood Rd Kirkwood, Mo Date signed 6/2/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Leslie Nelch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.