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#91202
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38425
Registrar's No. 9896

Registration District No. 318

Primary Registration District No. 1003

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
(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 Mo (b) County _____

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2816 Lemps Av.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE MARKO

3. (b) If veteran, name war no

3. (c) Social Security No. 770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1948 hour 2 minute 45 P.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Frank Marko 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/26/48 to Nov. 14th 1948
that I last saw her alive on Nov. 14th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 19
If less than one day hr. _____ min. _____

Immediate cause of death Cerebrovascular thrombosis

Due to _____

Due to _____

9. Birthplace St. Louis Mo U.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Phillip Goldman

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

14. Maiden name _____

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Marko

(b) Address 2618^a Lemps Av.

17. (a) Burial (b) Date thereof 11-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter + Paul Cem

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? _____

18. (a) Signature of funeral director Witt Bro & Co

(b) Address 2929 Jefferson Av.

19. (a) NOV 15 1948 (b) J B Pasater
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Thomas Bryan 11/17/48
Address _____ Date signed _____

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

MOTHER FATHER

6-11-70

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 *D. M. Davis*

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson

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.