

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42749

State File No. _____

Registrar's No. **11095**

No. 300
10.48

FILED JAN 7 1950

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, c. LENGTH OF STAY (If this date) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY W.B.C. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, d. STREET ADDRESS 13 - City Infirmiry	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Marnin		4. DATE OF DEATH (Month) (Day) (Year) Dec, 24 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8-15-1905
9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St Louis Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Michael Marnin	
13b. MOTHER'S MAIDEN NAME Mary M. Carthy		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Holman 1832 Lafayette			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 9 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 300	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 02 X			
22. I hereby certify that I attended the deceased from July 8, 1948 , Dec. 24, 1949 , that I last saw the deceased alive on Dec. 24, 1949 , and that death occurred at 10, 25A , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Clara Krag MD		23b. ADDRESS 5300 Arsenal St, St. Louis	
23c. DATE SIGNED 24 Dec 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-49	
24c. NAME OF CEMETERY OR CREMATORY Mount Olive		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 26 1949		REGISTRAR'S SIGNATURE J. P. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE Allen W McLaughlin		ADDRESS 3301 Lafayette	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

C. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address..... *2301 Lafayette*

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.