

MARK  
FILED MAR 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10791  
2742  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2742									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 50 yrs.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glencoe							
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) a. (First) Brother Justus Mark F.S.C.			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950						
5. SEX M. <input type="radio"/> W. <input type="radio"/>		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. <input type="radio"/> <input type="radio"/>		8. DATE OF BIRTH Nov. 9, 1884		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 4 Days 13		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious - teacher				10b. KIND OF BUSINESS OR INDUSTRY Christian Brother				11. BIRTHPLACE (State or foreign country) Minn.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Ryan				13b. MOTHER'S MAIDEN NAME Anne Mulligan				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 Brother Hilary, Glencoe, Mo.				ADDRESS			
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) Carcinoma of Descending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Colostomy 3/1/50 Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH about 1 year			
19a. DATE OF OPERATION 3/1/50				19b. MAJOR FINDINGS OF OPERATION Obstructive Carcinoma of Descending Colon was relieved by Resection								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 152X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 2/5/50, 19, to 3/22/50, 19, that I last saw the deceased alive on March 22, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.															
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS 3606 Harris				23c. DATE SIGNED 3/22/50							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE March 24, 1950				24c. NAME OF CEMETERY OR CREMATORY Glencoe, Mo.				24d. LOCATION (City, town, or county) (State) Glencoe, Mo.			
DATE REC'D BY LOCAL REG. MAR 22 1950				REGISTRAR'S SIGNATURE [Signature]				SENIOR DIRECTOR'S SIGNATURE [Signature]				ADDRESS 3840 Lindell Blvd.			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Thomas R. Demore*

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.