

STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1951

State File No. **6408**  
 Registrar's No. **1649**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		2039
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6639 Mardel</b>			d. STREET ADDRESS (If rural, give location) <b>6639 MARDEL</b>		
3. NAME OF DECEASED (Type or Print) <b>Louis</b>		a. (First)	b. (Middle)	c. (Last) <b>Marcks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1 6 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Days <b>1</b> Hours <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Letter Carrier</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>Louis Marcks</b>		13b. MOTHER'S MAIDEN NAME <b>Sophie Helbrecht</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie G Marcks</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie G Marcks</b> ADDRESS <b>6639 Mardel</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia, L Side</b>			DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>5 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.			DUE TO (c) <b>Hypertension (Hemorrhagic Tendency)</b>		<b>5-6 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>Intestinal hemorrhage, slight</b>		<b>8.9 days</b>
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --		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) _____		21f. HOW DID INJURY OCCUR? <b>331X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>1/23/51</b> , 19____, to <b>2/16/51</b> , 19____, that I last saw the deceased alive on <b>2/16/51</b> , 19____, and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.		
23a. SIGNATURE <b>M G Marcks M.D.</b> (Degree or title)		23b. ADDRESS <b>1001a McCausland St Louis</b>		23c. DATE SIGNED <b>2/17/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-20-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		
DATE REC'D BY LOCAL REG. <b>FEB 19 1951</b>		REGISTRAR'S SIGNATURE <b>J B Senter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER</b> ADDRESS <b>COLONIAL MORTUARY</b>	

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

Dr Wm. J Wood  
1001 McCausland  
Hi 2600

St 4439

In office 1:00 PM to 3:00 PM

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**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 *Harry J. Schumacher* \_\_\_\_\_

Licensed Embalmer No. *2679* \_\_\_\_\_

P. O. Address *2514 Broadway* \_\_\_\_\_

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.