

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1951

State File No. 6411
Registrar's No. 1267

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY Jewish Hosp., St. Louis		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis County	
c. LENGTH OF STAY (in this place) 61 days		d. STREET ADDRESS 8657 Argyle 2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.,			

3. NAME OF DECEASED (Type or Print) Margarete	a. (First)	b. (Middle) Mary	c. (Last) Marsau	4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 23 1883	9. AGE (In years last birthday) 67	10 UNDER 1 YEAR Months 3 Days 13	10 UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Pers. Murphy	13b. MOTHER'S MAIDEN NAME Janie Foley	14. NAME OF HUSBAND OR WIFE Harry B Marsau
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harry P. Marsau	ADDRESS 500 N Warf
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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		INTERVAL BETWEEN ONSET AND DEATH Indefinite
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior cleft & heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? H200
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22. I hereby certify that I attended the deceased from Feb. 2, 1951, to Feb. 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Y. Jenkins M.D.	(Degree or title)	23b. ADDRESS 462 No. Taylor	23c. DATE SIGNED 2/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/51	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) St. Louis Mo (State)
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DATE REC'D BY LOCAL REG. FEB 8 1951	REGISTRAR'S SIGNATURE J. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Bros	ADDRESS 2249 N Euclid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert L. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 3563

P. O. Address _____

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.