

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26092**

FILED JUL 31 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6956**

1. PLACE OF DEATH a. COUNTY city		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 5210 Waterman Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) NMI c. (Last) MARKS		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1874
9. AGE (In years last birthday) 78		10. MONTHS 1	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Marks		13b. MOTHER'S MAIDEN NAME Oletha ? (unknown)	14. NAME OF HUSBAND OR WIFE Celeste A. Marks
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. 494-36-5397	17. INFORMANT'S SIGNATURE OR NAME Mrs Celeste Marks, 5210 Waterman, St. L.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 16 hours 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)
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 4201
22. I hereby certify that I attended the deceased from 19 July, 1952 to 17 July, 1952 , that I last saw the deceased alive on 17 July, 1952 , and that death occurred at 9:45 a.m. , from the cause and on the date stated above.			
23a. SIGNATURE Robert S. Nye, M.D.		23b. ADDRESS 3201 Arsenal St. St. Louis Mo	23c. DATE SIGNED 18 July 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 18 1952 C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. 6175 Delmar Blvd.	

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

DR. R. NYE
3201 ARSENAL ST.
LA. 2954

HRS: 10-11 A.M. } Fri.
2-3 P.M. }

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 jos. E Mc culloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

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.