

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 544 Registrar's No. 2081

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> <u>4723</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | |
| c. LENGTH OF STAY (In this place) <u>2 Yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1023 S Geyer Rd</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 S Geyer Rd</u> | | d. STREET ADDRESS <u>1023 S Geyer Rd</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>ELIZABETH</u> | c. (Last) <u>MARKS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-1952</u> |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 10 1873</u> | 9. AGE (In years last birthday) <u>79</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Jacob Marks</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) * (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Francis Marks</u> | ADDRESS <u>1023 S Geyer</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY SCLEROSIS</u> | DUE TO (b) _____ | | <u>4201</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u> | _____ | | _____ |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? |
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22. I hereby certify that I attended the deceased from Feb 27, 1950, to August 3, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 8:52 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Vincent Hornsund MD</u> | 23b. ADDRESS <u>3101⁹ Sutton Ave Maplewood Mo</u> | 23c. DATE SIGNED <u>8.4.52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-6-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8-4-52</u> | REGISTRAR'S SIGNATURE <u>Harbert R. Domb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Aldrich</u> | ADDRESS <u>7 Home Wld. Groves Mo</u> |
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SW (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

AUG 12 1952

26618

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Webster Groves*

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.