

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33678

FILED OCT 15 1953

State File No. \_\_\_\_\_  
Registrar's No. **9257**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>9257</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 OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3662 Laclede Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>18 3662 Laclede Ave. 21890</b>							
3. NAME OF DECEASED (Type or Print) <b>Albert</b>			a. (First)			b. (Middle) <b>Marcks</b>			c. (Last)		
4. DATE OF DEATH <b>Sept. 25, 1953</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>April 17, 1879</b>			9. AGE (In years last birthday) <b>74</b>		
5. SEX <b>M.</b>			6. COLOR OR RACE <b>W.</b>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Louis Marcks</b>			13b. MOTHER'S MAIDEN NAME <b>Sophie Hellbrecht</b>		
14. NAME OF HUSBAND OR WIFE <b>Matilda Marcks</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <b>John Marcks</b> ADDRESS <b>3662 Laclede Ave.</b>		
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) <b>Carcinoma of bladder</b>  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.						INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
19a. DATE OF OPERATION <b>3-21-53</b>				19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate &amp; Bladder</b>						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? <b>177X</b>			22. I hereby certify that I attended the deceased from <b>3-1-51</b> , 19____, to <b>9-25-53</b> , 19____, that I last saw the deceased alive on <b>4-17-53</b> , 19____, and that death occurred at <b>5:30A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D. O</b>				23b. ADDRESS <b>607 N. Grand, St. Louis 3, Mo.</b>				23c. DATE SIGNED <b>9-25-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-28-53</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>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Wendell</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature]</b>			

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

I read to the [unclear]

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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.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.