

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43824**
11608

318

1003

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital,				STREET ADDRESS (If rural, give location) 4516a Pennsylvania Ave., 15 2159			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) L.		c. (Last) Marki,		4. DATE OF DEATH (Month) (Day) (Year) December 20, 1954	
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 13, 1889		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-Retired 1 Mo. St. Louis Cordage Mills		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Marki			13b. MOTHER'S MAIDEN NAME Catherine Fuchs		14. NAME OF HUSBAND OR WIFE Mary Marki,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-03-4892		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Marki, 4516a Pennsylvania Ave.,			
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) Ruptured Abdominal Aorta with aneurysm Arterial sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 days 4 yrs 4 yrs 1951	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 12-14-54 for stone in Left Kidney				20. AUTOPSY? YES <input checked="" 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) 451X			
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? 451X			
22. I hereby certify that I attended the deceased from 8-1- , 1954, to 12-20- , 1954, that I last saw the deceased alive on 12-20- , 1954, and that death occurred at 11:45P on, from the causes and on the date stated above.							
23a. SIGNATURE L. F. Morrison M.D. (Degree or title)				23b. ADDRESS 605-A - Russell Blvd		23c. DATE SIGNED 12-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 12/23/54		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 21 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18, Mo.			

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

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Laron E Percy.....
Licensed Embalmer No. 409
2842 Meramec
P. O. Address St. Louis, 18

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.