

XC # 242 64 29  
REG # 12569  
ST # 6293

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38594**  
Registrar's No. **10272**

BIRTH DATE **FILED DEC 2 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MACOUPIN</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>2 DAYS</b>	c. CITY OR TOWN <b>MOUNT OLIVE</b>	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 <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>812<sup>0</sup> 8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle)	c. (Last) <b>MARION</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-25-55</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-5-69</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COAL MINE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>GEORGE MARION</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN KUSHNIR</b>		14. NAME OF HUSBAND OR WIFE <b>SUSAN MARION</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES SPAW</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GANGRENE OF FEET</b>		ANTECEDENT CAUSES <b>DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE WITH GENERALIZED ARTERIOSCLEROSIS AND OLD CEREBRAL THROMBOSIS</b>			<b>3 years</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <b>420-D</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>11-23-55</b> , 19___, to <b>11-25-55</b> , 19___, that I looked over the deceased <del>plus or minus</del> <del>book</del> , and that death occurred at <b>2:10 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. M. Kamaifkas</i>		(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>VAH, St. Louis, Missouri</b>		23c. DATE SIGNED <b>11-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-28-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Trinity Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mt. Olive, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 25 1955</b>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Becker &amp; Sons, Mt. Olive, Illinois</b>	

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

Student.....  
Signature of Student Embalmer

Signed *Ronald O. Gehrke*

Licensed Embalmer No. *391*

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.