

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Township Central

City Meelstar

Registration District No. 289

Primary Registration District No. 6083-B

(No. 6331 Audrey Ave.)

File No. 10318

Registered No. 79

St. _____ Ward _____

2. FULL NAME Estel Francis Markwardt

(a) Residence, No. 6331 Audrey Ave. st. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 12 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Walter Markwardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Ethel Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Walter Markwardt (ADDRESS) 6331 Audrey

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE March 17, 1934

19. UNDERTAKER Geo. L. Fleischer (ADDRESS) 5966 Geston Ave

20. FILED 3-19 1934 W. Babner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on 18th, 19____. Death is said to have occurred on the date stated above, at 7:30am.

The principal cause of death and related causes of importance were as follows: Accident; smothering, two months old infant, was in the folding bed, sleeping with sick mother, mother got up, made her way to kitchen, all crippled with rheumatism,

Other contributory causes of importance: father not knowing it to be in this bed, to help the mother on account of illness, closed heavy

Name of operation _____ Date of _____

What test confirmed diagnosis? CORONER'S view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acct. Date of injury 3/17/34

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Duke B. Quinn M. D. (Address) 3718 Jennings, St. Louis, Mo.

Thomas D. Linn, Co., M.D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

bed and went back to kitchen to assist the mother of the infant to prepare breakfast, and after a short period of ten or twelve minutes, asked his wife as to where the child was. She stated it was in the folding bed. He rushed back to the bed, opened it, and found the child limber and blue, apparently dead. Called in a cult physician by the name of Hicks, who gave the baby artificial respiration and hypodermics of some sort, from statement of father, which was of no avail, due to no response, neither from the medication or respiration, pronounced the baby dead.