

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35406

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 215
 (c) City Richmond Heights (d) Street No. 1219 Sunset Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Markham

(a) Residence, No. 1219 Sunset Ave. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura L. Markham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18. 1873.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 12
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Nat. Lead Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) Cincinnati
 (STATE OR COUNTRY) Ohio

13. NAME George S. Markham

14. BIRTHPLACE (CITY OR TOWN) Yazoo City
 (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Carolina D. Williams

16. BIRTHPLACE (CITY OR TOWN) Camden
 (STATE OR COUNTRY) Alabama

17. INFORMANT Laura Markham
 (ADDRESS) 1219 Sunset Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE September 4, 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
 (ADDRESS) 7456 Manchester Ave., Maplewood, MO.

20. FILED Oct. 1, 1937. Sam L. Bassett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Sept 30, 1937
 I last saw him alive on Sept 30, 1937. Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Retropertined lymphosarcoma
several months duration

Date of onset

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of July 26, 1937
 What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (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? No
 If so, specify.....

(Signed) C. E. Gilliland, M. D.
 (Address) Metropolitan Bldg.
St. Louis - Mo.

STATEMENT BY LICENSED EMBALMER

I, John Hetter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John Hetter

Licensed Embalmer No. 3880

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.)