

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

30650
Do not use this space.

791
1003

7713

DECEASED 11 4 1930

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
 (b) Township _____ Primary Registration District No. _____
 (c) City ST. LOUIS (d) Street No. 4224 Maryland Registered No. _____
 (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 22 yrs. 3 mos. 7 ds. (f) How long in U. S., if of foreign birth? 80 yrs. 2 mos. 7 ds.

2. PRINT FULL NAME ROBERT NELSON MARKHAN
 (a) Residence, No. 4324 MARYLAND St. 19
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 27 1859

7. AGE YEARS 80. MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as saw mill, bank, etc. WATCHMAN
 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) MONETTE MO

FATHER 13. NAME JAKE MARKHAN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME CORA BELL Redman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) REDMAN MO.

17. INFORMANT (ADDRESS) DAUGHTER DESDA FLYNN 4224 MARYLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKEWOOD DATE SEPT. 7 1930

19. FUNERAL DIRECTOR (NAME) (ADDRESS) MEEK, DICKMAN 3039 EASTON AVE.

20. FILED EP 6 1930 J. B. Bunker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Sept. 4 1939
 I last saw him alive on Sept. 3 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Art - Incl Heart Disease
Congestive Heart Failure
 Date of onset _____

Other contributory causes of importance:
Gen. Arteriosclerosis
Coronary Artery Disease

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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) Robert J. Farrell, M. D.
 (Address) 624 N. Union

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.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Howard F. Rowland.

Licensed Embalmer No. *3114*

P. O. Address *Thomas Mo*

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 this body is not embalmed, above space should be left blank.