3344

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30903

REC'D OCT 14 1939

Registration District No. 1003 791

Primary Registration District No.

Registrar's No. 7966

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3315 N 9th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Marken 625

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Markem (Brunger)

6. (c) Age of husband or wife if alive 57yrs years

7. Birth date of deceased Jan. (Month) 30 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
60	7	15	hr. min.

9. Birthplace Kimswick (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Elevator Operator 6

11. Industry or business Commenwealth Steel Co. 0

FATHER
12. Name George Markem
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Susie Burkhart
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Catherine L. Marken
(b) Address 3315 N. 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/39 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) SEP 15 1939 (Date received local registrar) (b) J. F. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14, year 1939 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from September 12, 1939, to September 14, 1939, that I last saw him alive on September 14, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature V. E. Friedewald (M. D. or other)
Address 1515 Lafayette, Date signed 9/14/39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT USE CANADIAN BLACK INK MAKE A PERMANENT RECORD

I X19511

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, 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.