

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days)  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 24 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3421 Missouri Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Markle  
(b) If veteran, -- name war .....  
(c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Joseph  
(c) Age of husband or wife if alive 76 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 3, year 1942 hour 10:20 minute A. M.  
21. I hereby certify that I attended the deceased from January 24, 1942, to February 3, 1942 that I last saw her alive on February 3, 1942 and that death occurred on the date and hour stated above.  
Immediate cause of death.....  
Cerebrovascular thrombosis Rt middle cerebral artery 16 days  
Due to Essential hypertension, Obv. arteriosclerosis  
Due to.....

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>9</u>	hr. .... min.

Other conditions Polyp of cervix, non-malignant  
Of operations.....  
Major findings:  
Of autopsy not done - request refused  
Underline the cause to which death should be charged statistically.  
PHYSICIAN

9. Birthplace unknown Canada  
(City, town, or county) (State or foreign country)  
10. Usual occupation Home  
11. Industry or business.....  
12. Name Rahley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Joseph Markle  
(b) Address 3421 Missouri Ave.  
17. (a) Burial (b) Date thereof 2/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus  
18. (a) Signature of funeral director Hacker-Helms and Son Co  
(b) Address 3634 Gravois Ave.  
19. (a) FEB 5 1942 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

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.....  
23. Signature Deo J. Wade (M. D. or other) 2/3/42  
Address 1515 Lafayette Avenue Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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..... *Robert C. Wheeler*  
.....  
Licensed Embalmer No. *2178*  
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, fact should be so stated above.**