

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16417
4600

State File No.
Registrar's No.

FILED JUN 10 1942

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: Alexian Bros. Hospital.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis
(c) City or town 3652 Robert Ave.
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Daniel H. Markmann.
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24th,
year 1942. hour 10 minute 45 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Elizabeth Markmann
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 23rd, 1859.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 25th to May 24 1942
that I last saw him alive on May 26th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 0 Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death Colony
Alzheimer's Duration 24 hrs

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Foreman, Medart. Retired.

Due to Chronic hypercalcemia with osteoporosis. 3 yr
Due to _____

MOTHER FATHER { 11. Industry or business _____
12. Name Thom Markmann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Other conditions Epilepsy 9 yrs
(Include pregnancy within 3 months of death)

16. (a) Informant Erwin Neupertz
(b) Address 3652 Robert Ave.
17. (a) Burial (b) Date thereof May 27, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: Epilpsy
Of operations _____
Of autopsy _____

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 16409 Grayson Ave.
19. (a) MAY 27 1942 (b) G. J. Predick
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature G. J. Predick (M. D. or other) Embalmer
Address 3048 S. Brent Date signed 5/26/42

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

20
7
9

0907

1
9

0

Duration
24 hrs

3 yr

9 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

(Licensed Embalmer's Statement on Reverse Side)

So Embalmed

0.1

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Eravou

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.