

FILE DEC 1948

Primary Registration District No. 1003

Registrar's No. 9816

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Greene

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Katherine Markham

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 11-14-42
19 , to 11-23-42, 19 ;
that I last saw her alive on 11-23-42, 19 ;
and that death occurred on the date and hour stated above.

4. Sex Female Color or race White

5. White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Oct. 12th, 1858
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral hemorrhage, right

Duration.....

8. AGE: Years Months Days If less than one day

84 1 11 ..hr. ..min.

Due to.....

Due to.....

9. Birthplace Carrollton, Ill.
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations.....

Of autopsy.....

11. Industry or business.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

12. Name Mathew Markham

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Hannan Mullquhenly

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mathew F. Markham

(b) Address Carrollton, Ill.

17. (a) Removal (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) NOV 24 1942 (b) J.F. Bradeck
(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?..... (Specify means of injury)

23. Signature J. J. Smith M.D.

Address 4930 Lindell, St. Louis Date signed 11-24-42

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 W. Happe*

Licensed Embalmer No. *1861*

P. O. Address.....

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.