

FILED MAR 30 1943

State File No.
Registrar's No. 2655

Registration District No. 318 Primary Registration District No. 1003

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:
4219 Red Bud Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4219 Red Bud Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Martin Markowski

3. (b) If veteran, name war None (c) Social Security No. 488-05-1760

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Markowski 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 30. 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>19</u>hr.min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tool & Die Maker

11. Industry or business American Shoe Mach. Co.

12. Name Edward Markowski

13. Birthplace Ger many
(City, town, or county) (State or foreign country)

14. Maiden name Louis e Markowski

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

16. (a) Informant Mrs. Lydia Markowski

(b) Address 4219 Red Bud Ave.

17. (a) Burial (b) Date thereof 3/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 19 1943 (b) J. F. Prudean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1943 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-16
1942, to 3-15-1943
that I last saw him alive on 3-15-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Pr
Secondary

Due to Myocarditis, Pr
Secondary

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
..... Means of injury.....

23. Signature [Signature] Date signed 3/19/43
Address 4219 Red Bud Ave.

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

Dr. Maury E. Morris
4005 A. Florissant 901250
tel 1-PM

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.