S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 36372

Registration District No. FILED NOV 20 1943 318 Primary Registration District No. 1002 Registrar's No. 9848

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:
5411 Sutherland 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 Mo. (b) County 17

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 Sutherland Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cynthia Violette Markham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late George A. Markham

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

7. Birth date of deceased March (Month) 8th (Day) 1858 (Year)

8. AGE: Years 85 Months 7 Days 30 If less than one day hr. min.

9. Birthplace Orleans County (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Schaefer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Rex A. Markham
(b) Address 5411 Sutherland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 10 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1943 hour 3:45 minute P.M. M.

21. I hereby certify that I attended the deceased from November 24, 1942 to Nov 7, 1943 that I last saw her alive on Nov 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1942+
Due to Senility	1942+
Due to	
Other conditions Hemiplegia Apoplexy (Include pregnancy within 3 months of death)	Sept 43.

Major findings:
Of operations none
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 Herbert J. Smith (M. D. or other)
Address 5205 Chippewa St. Date signed 11/9/43

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(Licensed Embalmer's Statement on Reverse Side)

5208a Appendix
IL 5200

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.