

S. No. 2  
M-8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29602

FILED OCT 6 1944

State File No. ....

8308

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5666 Waterman Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **abt. 54 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Mad.**  
(c) City or town **St. Louis** **175**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5666 Waterman Ave** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **n**

3. (a) PRINT FULL NAME **Philip Markus**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **489-120-1133**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **27**  
year **1944** hour **11** minute **45 P.** M.

4. Sex **male** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Tekla L. Markus**  
6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **March 23 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 27**, 19**44**, to **Sept. 27**, 19**44**.  
that I last saw **him** alive on **Sept. 27**, 19**44**,  
and that death occurred on the date and hour stated above.

8. AGE: Years **21** 8 Months **6** Days **4**  
If less than one day hr. min.

Immediate cause of death **Parasomnia of the larynx**  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **Parasomnia of larynx**  
Of autopsy.....

9. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Salesman**  
11. Industry or business **Pickles etc**  
12. Name **Moses Markus**  
13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Tekla L. Markus**  
(b) Address **5666 Waterman Ave**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/29/44**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Sinai**  
18. (a) Signature of funeral director **Mayer**  
(b) Address **4356 Lindell Blvd**  
19. (a) **SEP 29 1944** (Date received local registrar) (b) **J. F. Bredeck** (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) (b) Means of injury.....  
23. Signature **Hervey M. Meyer** (M. D. or other) **MD**  
Address **508 N. Broad** Date signed **9/29/44**

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..... *By W. Wilkinson* .....

Licensed Embalmer No..... *3575* .....

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.**