

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 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:
4961 Pershing Ave.
(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)

In this community 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George D. Markham

3. (b) If veteran, name war None

3. (c) Social Security No. 490-20-5806

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary M. Markham

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 25, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	7	17	_____ hr. _____ min.

9. Birthplace New Haven, Connecticut
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business Self

MOTHER FATHER { 12. Name Goerge Dickson Markham

13. Birthplace New Haven Connecticut
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Walter McKittrick

(b) Address 4399 McPherson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/47
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindbergh Blvd

19. (a) MAR 13 1947 (Date received from Registrar)

J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12000

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

(d) Street No. 4961 Pershing Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 9:20 p. minute _____ M.

21. I hereby certify that I attended the deceased from April 9, 1947, to March 12, 1947.
that I last saw him alive on March 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
arteriosclerosis

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

(c) Means of injury _____

23. Signature Samuel B Grant M.D. or other _____

Address 114 N Taylor Date signed 3/13/47

Handwritten notes at the top of the page, including a signature and some illegible text.

Faint, mostly illegible text in the upper right section of the page.

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 *Neville D. Prohwitter*.....

Licensed Embalmer No. **3696**.....

P.O. Address **4161 Lindell Blvd**.....

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.