

Registration District No. **318**

Primary Registration District No.

Registrar's No. **4777**

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: Jefferson Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr.
(Specify whether
In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 999
(c) City or town St Louis (If outside city or town limits, write "RURAL") 11
(d) Street No. 1800 Missouri East St Louis Mo.
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Rose Markkesson

3. (b) If veteran, name war. - 3. (c) Social Security No. -

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Geot. Markkesson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15 1989
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 25 If less than one day - hr. - min. -

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

10. Usual occupation Home work

11. Industry or business 6

12. Name David - Fleishman

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

14. Maiden name Margal - Surah

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

16. (a) Informant David Markkesson

(b) Address 1297 Amehant. Pl.

17. (c) removal (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director Benhandlax P.

(b) Address 5010 Enright

19. (a) MAY 12 1947 (b) J. F. Brediek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 6 - minute 45 P.M.

21. I hereby certify that I attended the deceased from March 7
1947 to May 5 1947
that I last saw her alive on May 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
Due to chronic coronary sclerosis (aeroginal syndrome) 10 yrs
Due to 10

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

Major findings:
Of operations PH
Of autopsy PH

Duration

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 Verone O Cook (M. D. or other) 0
Address 508 St. Grand Date signed 5/12/47
JEROME E. COOK

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

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. ~~3669~~
working under my personal supervision.

Signed W. B. Penhander

Licensed Embalmer No. 3669

P. O. Address 5010 Purich

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.