S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24672

State File No. .....

Registration District No. 170 Primary Registration District No. 5634 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Brice
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 600
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8225 N. Broadway 9
(If rural, give location) 1
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Bernardine Marklin
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife A. F. Marklin
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 21 (Day) 1887 (Year)

8. AGE: Years 59 Months 9 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Wm. L. Ellerbrock 5
13. Birthplace Germany 7 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 7 (City, town, or county) (State or foreign country)
16. (a) Informant A. F. Marklin
(b) Address 8225 N. Broadway St Louis
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo.
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) 7-26-1947 (Date received local registrar) (b) Org Frankeberger (Registrar's signature) 1-7-7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest scalp lacerations Caused by a truck backing ~~Due to~~ into her white Vacationing at Brice State park

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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

170 C 8 D

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 53
(b) Date of occurrence July 22, 1947 1:15 P.M.
(c) Where did injury occur? Brice (City or town) Laclede (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Brice State Park near fish hatchery (Specify type of place)
While at work? no (e) Means of injury crushed & bruised

23. Signature C. O. Holman (Coroner) (M.D. or other) 2
Address Lebanon Mo. Date signed 7/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Received 7/30/47

aclede County Health Unit

File No. 7-47-125

Date Filed 7/30/47

APR 2 1948

SEP 11 1947

NOV 10 1947

APR 12 1948

JUN 11 1948

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

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.