

FILED JUL 3 1948
Registration District No. 013

Primary Registration District No. 1003

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-days
In this community 44 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Olive L. Markle

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 M.
6. (b) Name of husband or wife Lorain Markle 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 22nd., 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 6 1 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Lycett
13. Birthplace Ga.
(City, town, or county) (State or foreign country)
14. Maiden name May Hogan
15. Birthplace Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lorain Markle
(b) Address 770 Bayard Ave.
17. (a) Burial (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.

19. (a) JUN 24 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 770 Bayard Ave. 9
12 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd.,
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 6-21-48
_____ 19, to 6-23-48 19,
that I last saw him alive on 6-22-48 19,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Concussion of Cerebrum
Induced
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) q6

Major findings: _____ PHYSICIAN _____
Of operations No operation
Of autopsy Same
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? _____ Means of injury _____
23. Signature J. F. Braddock (M.D. or other) _____
Address 4952 Maryland Date signed 6/23

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.....

working under my personal supervision.

Signed *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.