

FILED DEC 2 1948

10017

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:
3940 Russell Lindell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 50 yrs. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William C. Markham3. (b) If veteran, name war none 3. (c) Social Security No. 494-07-8424

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Electa 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased May 13 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 5 hr. min.

9. Birthplace Astoria Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Retired salesman

11. Industry or business

MOTHER FATHER
 12. Name Thomas Markham
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Rosa Howell
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Electa Markham(b) Address 3940 Russell17. (a) Burial (b) Date thereof 11-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cemetery18. (a) Signature of funeral director John L. Ziegenhein & Sons(b) Address 2027 Gravois Ave.19. (a) NOV 18 1948 (b) J. B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3940 Russell
 (If rural, give location)
 (e) Citizen of foreign country? 17 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour..... minute..... M.21. I hereby certify that I attended the deceased from March 28
9 1948 to Oct 14 1948
that I last saw him alive on Oct 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cornary Occlusion

Duration

1 dayDue to Myocardial Infarction+ Cornary Sclerosis6 mos plus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature E. Klaischmier (M. D. or other)
Address 508 N Grand Date signed 11/15/48

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: *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravoie*

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.