

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6410

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1735

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1718 N. Grand</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois</u>	b. (Middle)	c. (Last) <u>Markovske</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1951</u>
---	-------------	----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29, 1893</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	---

13a. FATHER'S NAME <u>William H. Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Jurdenia Ward</u>	14. NAME OF HUSBAND OR WIFE <u>George</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Markovske</u>	ADDRESS <u>1718 N. Grand</u>
---	--	--	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>several yrs.</u> <u>2 yrs.</u> <u>20 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Art. sclerotic coronary art disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H2O1</u>
---	--	---

22. I hereby certify that I attended the deceased from 2-11, 1951, to 2-20, 1951, that I last saw the deceased alive on 2-20, 1951 and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wayne O. Sork</u>	23b. ADDRESS <u>2735 N. Grand Bl</u>	23c. DATE SIGNED <u>2-21-51</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peaceful Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Odin, Ill.</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>FEB 21 1951</u>	REGISTRAR'S SIGNATURE <u>J B Franter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
--	---	--	---

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address W. P. ...

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.