

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43159

318

1003

Registrar's No. 11191

BIRTH NO. _____		REG. DIST: NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 9 D 1 9 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 1219 Holly Hills					
3. NAME OF DECEASED (Type or Print) LUCY a. (First) b. (Middle) c. (Last) MARKMAN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1951						
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sep. 25, 1896			
9. AGE (in years last birthday) 55		10. MONTHS _____		11. IF UNDER 1 YEAR Months _____		12. IF UNDER 1 YEAR Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mass. Mutal Life Ins.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Phillip Markmann			13b. MOTHER'S MAIDEN NAME Catherine Merkel			14. NAME OF HUSBAND OR WIFE non			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Markmann 1219 Holly Hills					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral malaria, post-partum</i> ANTECEDENT CAUSES (b) <i>Metastatic carcinoma lft parietal lobe</i> DUE TO (c) <i>primary site not found</i> MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 hrs	
19a. DATE OF OPERATION 12/15/51		19b. MAJOR FINDINGS OF OPERATION <i>Metastatic carcinoma lft parietal lobe</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21d. TIME OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X					
22. I hereby certify that I attended the deceased from Sept 1951, to Dec 15, 1951, that I last saw the deceased alive on 12/15, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>Paul Hosts D</i>			23b. ADDRESS Mo. Pac. Hosp.		23c. DATE SIGNED 12/16/51				
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE 12-18-51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE DECEASED BY LOCAL REGISTRAR'S SIGNATURE DEC 18 1951 <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Smith</i>		ADDRESS 6322 S. Grand Blv. Home					

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *4243*

P. O. Address *6322 S Grand*

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.