S. No. 300
v. 10.48

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6609

State File No.

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 13

0500 4

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MERAMEC
c. LENGTH OF STAY (in this place): 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD 4723
d. STREET ADDRESS (If rural, give location): 11 ORCHARD LANE

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): FRANKLIN
c. (Last): MARKLIN

4. DATE OF DEATH (Month) (Day) (Year): FEB. 8 1953

5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 13 - 1872
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 3 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STATIONARY FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY: ST. LOUIS WATER WORKS
11. BIRTHPLACE (State or foreign country): MOBERLY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MARKLIN UNKNOWN ~~Not Recorded~~
13b. MOTHER'S MAIDEN NAME: BARBARA MILLER ~~Not Recorded or Recorded~~
14. NAME OF ~~HUSBAND OR~~ WIFE: MARY FISCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-07-9872A ~~None~~
17. INFORMANT'S SIGNATURE OR NAME: Brother Conrad St. Joseph Hill
ADDRESS: Eureka Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c) CARDIAC INSUFFICIENCY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
490X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1953, *to* Feb. 6, 1953, *that I last saw the deceased alive on* Feb. 6, 1953, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Marler MD (Degree or title)
23b. ADDRESS: 4323 ROLAND DRIVE
23c. DATE SIGNED: 2/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/12/53
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

DATE REC'D BY LOCAL REG.: Feb 14-53
REGISTRAR'S SIGNATURE: Ruth Jurgen 438
25. FUNERAL DIRECTOR'S SIGNATURE: MEYER PEITZINGER
ADDRESS: KIRKWOOD

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 5 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED FEB 17 1953

FEB 2 5 1953

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.

Signed William H. Pitzinger

Signed _____
Student Embalmer

Licensed Embalmer No. 4316

P. O. Address Richwood, 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.