

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44369

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11298

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		4. DATE OF DEATH Nov. 28, 1953	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6305 N. Rosebury Avenue.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MORRIS	b. (Middle) E.	c. (Last) MARKMAN	(Month) Nov.	(Day) 28,	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1875	9. AGE (In years last birthday) 77	10. MONTHS 11	11. DAYS 12	12. HOURS 12	13. MINUTES 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Department Manager		10b. KIND OF BUSINESS OR INDUSTRY Rice-Stix Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Harry Markman		13b. MOTHER'S MAIDEN NAME Annie Ebert		14. NAME OF HUSBAND OR WIFE Grace Markman	
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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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Markman-6305 N. Rosebury		ADDRESS 6305 N. Rosebury	
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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) <u>Carcinoma - Rectosigmoid metastases to liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>at least 5-6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) _____			
				DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>153x</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1/18, 1941, to 11/28, 1953 that I last saw the deceased alive on 11/27, 1953, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Kuehls, M.D.</u>		(Degree or title)		23b. ADDRESS <u>462 N. Taylor St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>11/25/53</u>	
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24a. BURIAL OR CREMATION, REMOVAL (Specify)		24b. DATE <u>11/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. NOV 30 1953		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc., 5216 Delmar Bl</u>		ADDRESS	
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510. (Licensed Embalmer's Statement on Reverse Side)

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 John Kettus

Licensed Embalmer No. 3880

P. O. Address H. Louis M.

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.