

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30483

State File No.

FILED SEP 26 1955

BIRTH NO. 58832-55 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY St. Charles		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. Charles		c. CITY OR TOWN Kirkwood	d. Is Residence within limits of a city or incorporated town? Yes # No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Days		STREET ADDRESS (If rural, give location) #6 Topping Acres	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Markway c. (Last) Markway			4. DATE OF DEATH (Month) (Day) (Year) Sept 20 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept 18 1955	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 2 Days 2		IF UNDER 24 HRS. Hours 2 Min 1
10a. USUAL OCCUPATION (Give kind of work done or state if retired) #####		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTHPLACE (City and State or Foreign Country) St. Charles Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Norbert Markway		13b. MOTHER'S MAIDEN NAME Marcella Kirwin		14. NAME OF HUSBAND OR WIFE #####	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Markway #6 Topping Acres	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Low	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Cardiac failure	
		DUE TO (b)		7735	
		DUE TO (c)		Prematurity (6 1/2 months)	
		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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 18, 1955, to Sept 20, 1955, that I last saw the deceased alive on Sept 20, 1955, and that death occurred at 7:15 am., from the causes and on the date stated above.

23a. SIGNATURE Paul B. Vatterott M.D. (Degree or title)		23b. ADDRESS 10300 St. Charles Rd		23c. DATE SIGNED Sept 20 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/20/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emmanuel Hummel 2845 Collier Mortuary 10123 St. Chas. Rd.			
DATE REC'D BY LOCAL REG. Sept 19 1955		REGISTRAR'S SIGNATURE Emmanuel Hummel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emmanuel Hummel 2845 Collier Mortuary 10123 St. Chas. Rd.	

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
Signature of Student Embalmer

No Embalming

Signed *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *1012381*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.