

FILED SEP 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28812
Registrar's No. 7507

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7507			
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. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Ladue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2300 S. 18th St. Little Flower Convent Home				e. STREET ADDRESS (If rural, give location) 18 Foxboro Road					
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) FREDERICK WILLIAM MARKHAM			4. DATE OF DEATH (Month) (Day) (Year) 8 12 56						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 16, 1868			
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Coffe & Rice Brokerage Business		11. BIRTHPLACE (City and State or Foreign Country) Shotley, England		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Markham		13b. MOTHER'S MAIDEN NAME Jane Rivers		14. NAME OF HUSBAND OR WIFE Ruth Julian Markham					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none---		16. SOCIAL SECURITY NO. 96-907-232		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edmund O'Donnell-18 Foxboro Road					
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) Bleeding Duodenal Ulcer Bleeding Duodenal Ulcer 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.				INTERVAL BETWEEN ONSET AND DEATH yrs. 2.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 541.0				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)		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 June, 1955, to August, 1956, that I last saw the deceased alive on 8-6-56, 19__, and that death occurred at 4 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Girard Munsch (Degree or title) M.D. Girard A. Munsch M.D.				23b. ADDRESS 35 N. Central 35 N Central Clayton Mo.		23c. DATE SIGNED 8-13-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-14-56		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. AUG 14 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,					

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

4

35 No CENTRAL
R. 76729
~~33 N. KENNEDY AVENUE~~

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

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fails 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.