

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10699

State File No. ....

FILED APR 15 1957

3141

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) **25 City Hospital**  
e. STREET ADDRESS (If rural, give location) **169 3457 Crittenden St.**

3. NAME OF DECEASED (Type or Print)  
a. (First) **JAMES** b. (Middle) **LEE** c. (Last) **MARKHAM** 4. DATE OF DEATH (Month) (Day) (Year) **Mar. 30 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Aug. 4, 1937** 9. AGE (In years last birthday) **19** IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, stop if retired) **U. S. NAVY (Home on leave)** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo. D** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James A. Markham** 13b. MOTHER'S MAIDEN NAME **Opal Belcher** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes-On Active Duty Now** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Opal Oakley** ADDRESS **3457 Crittenden St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
**Sudden Abnormal Hemorrhage of the Brain; suffered when apparently operated by Mrs. J. J. Debusan, for which Debusan was a passenger, went out of control and struck utility pole in front of about 3237 1/2 Grand Blvd., about 300 or more March 30th, 1957.**  
2. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **169 Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo. 823.4**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **3 30 57 3A** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **car 92**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4-1-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **4-3-57** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **APR 1 '57** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauer** ADDRESS **4228 S. Kingshighway B1**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard W. Storvick* .....

Licensed Embalmer No. *4007* .....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.