

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019420

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. **5211**

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Illinois b. COUNTY Macon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Decatur		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 12 Days	d. STREET ADDRESS (If outside, give location) 851 No. Main, St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle D. Last MARKO			4. DATE OF DEATH Month MAY Day 30 Year 1959		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1898	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designer		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (City and state or country) Macoupin County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Marko		13b. MOTHER'S MAIDEN NAME Emma Klagues		14. NAME OF HUSBAND OR WIFE Lucille Marko	
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. 702-05-1554		17. INFORMANT Address Lucille Marko, 851 No. Main, St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL ANEURYSMS AND ANTERIOR VENTRICLE MALFORMATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 452X			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from MAY 19, 1959 to MAY 30, 1959 and last saw her/him alive on MAY 30, 1959 Death occurred at 4:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Carl Smith, M.D.</i> M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 5/30/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-1-59	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		23d. LOCATION (City, town, or county) (State) Decatur, Illinois
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc. 4700 Washington, Blvd.			25. DATE RECD. BY LOCAL REG. JUN 1 '59		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i> 209B

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Elma R. Caldwell*

Licensed Embalmer No. *4077*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.