

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050299

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3792

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 3 1964

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>4003</u>	
2 <u>4015</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>4200</u>	
10	
11	
12 <u>44-0</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in lb 6 hrs	c. CITY OR TOWN Ballwin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 811 Westwood
3. NAME OF DECEASED (Type or print) First ALBERT Middle FRANK Last MARKLIN JR		4. DATE OF DEATH Month Dec. Day 10, Year 1963	
5. SEX Male	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 2-13-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Baker		10b. KIND OF BUSINESS OR INDUSTRY Marklin Bakery	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
10c. CITIZEN OF WHAT COUNTRY USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert. F. Marklin Sr.		13b. MOTHER'S MAIDEN NAME Mary Fischer	
14. NAME OF HUSBAND OR WIFE Elizabeth A. Marklin		17. INFORMANT 811 Westwood, Ballwin Elizabeth A. Marklin Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1 Army			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 12-10-63 COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw him ^{how} 12-10-63 Death occurred at 11.25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert A. Doney M.D.		22b. ADDRESS 126 E. Jefferson Kirkwood, Missouri	
22c. DATE SIGNED 12/12/63		22d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-13-1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 12-12-63	26. REGISTRAR'S SIGNATURE John M. Murphy M.D.

1964
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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

Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address New York

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.

023070-112
MAY 4 1964