

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 42747  
10712  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Ill.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Mo.</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis,</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>W. P. - 1388 N. 33rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMELIA</u>		b. (Middle) _____		c. (Last) <u>MARKOVICH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec: 10 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-7-1891</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Steve Galik</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Leskosky</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Markovich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Markovich</u>		ADDRESS <u>611 Locust</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor - 8th nerve neuroma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative hemorrhage</u>  DUE TO (c) <u>inoperative one</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u> <u>1st mo.</u> <u>day</u> <u>6th day</u>	
19a. DATE OF OPERATION <u>12-5-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Large 8-1/2" tumor intra cranial Acoustic neuroma</u>				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) <u>St. Louis Mo. Ill.</u>			
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? <u>223 X</u>			
22. I hereby certify that I attended the deceased from <u>12-2-49</u> , 19____, to <u>12-11-49</u> , 19____, that I last saw the deceased alive on <u>6:15 P.</u> , 19____, and that death occurred at <u>12-11-49</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Harkle, M.D.</u>				23b. ADDRESS <u>1325 S. Grand, St. Louis 4, Mo.</u>		23c. DATE SIGNED <u>12-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 13 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August B. Sedlack</u>		ADDRESS <u>611 Locust</u>	

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 not \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phillips W. Gorden

Licensed Embalmer No. Illinois 709

P. O. Address St. Louis, Ill.

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 this body is not embalmed, fact should be so stated above.