

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20938**
Registrar's No. **5330**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis	
c. LENGTH OF STAY (in this place) 9 days		d. STREET ADDRESS (If rural, give location) 924 Piggott	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ANTON b. (Middle) N. c. (Last) MARKULY			4. DATE OF DEATH JUNE 13, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 14, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Groceries & Meats		11. BIRTHPLACE (City and State or Foreign Country) Greece		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicola Markuly		13b. MOTHER'S MAIDEN NAME Dana Cholak		14. NAME OF HUSBAND OR WIFE Alexandria	
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. 340-28-8901		17. INFORMANT'S SIGNATURE, OR NAME <i>Louis N. Markuly</i> St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH 6 months
	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.		

19a. DATE OF OPERATION 6-11-54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 154X
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 **6-3** 1954, to **6-13** 1954, that I last saw the deceased alive on **6-13** 1954, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Norman Ouel</i> W. DO		23b. ADDRESS 509 North Grand Ave		23c. DATE SIGNED 6/14/54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-14-54	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Madison Illinois	
DATE REC'D BY LOCAL REG. JUN 14 1954	REGISTRAR'S SIGNATURE <i>John J. Sedlack</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Sedlack</i> Madison, Ill.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John T. Sedlack*

Licensed Embalmer No. *3747*

P. O. Address *Madison, 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.