

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2394

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township

Primary Registration District No. 4771

City Webster

(No. 422 Gray ave)

File No.

Registered No. 12

St. Ward)

2. FULL NAME

Alexander Marshall

(a) Residence. No. 422 Gray ave St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Arnie Marshall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 7 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

80 8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 10 yrs 09

(b) General nature of industry, business, or establishment in which employed (or employer) Time Kiln

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Scotland

10. NAME OF FATHER

Alex. Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER

Jessie Sellan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Scotland

14.

INFORMANT Sam Burnett
(Address) 422 Gray Ave

15.

FILED 1-23-28 Arthur D. Watson
per Elie REGISTERAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1928, to Jan 23rd 1928 that I last saw live, alive on Jan 22nd 1928 and that death occurred, on the date stated above, at 5:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis
440
about 6 mos.
CONTRIBUTORY (SECONDARY) Arteriosclerosis - several years

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... at home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings

(Signed) A. D. Watson M. D.

, 19 (Address) 422 Gray Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Park Lawn

1-25 1928

20. UNDERTAKER

ADDRESS 7315 8

Southern

Bradley

77 FEB 23 1928

PERMANENT RECORD

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

17

July 8 1880

Monday