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

Do not use this space.

File No. 22657

Registered No. 6904

1. PLACE OF DEATH

County .... Registration District No. 791

Township .... Primary Registration District No. 1003

City St. Louis (No. Missouri Baptist San. St. .... Ward)

2. FULL NAME Virginia E. Marshall

(a) Residence. No. 4043 Cozens Ave 11 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Female
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	Aug 16 - 1920
7. AGE	7 Years, 10 Months, 20 Days; If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)	—
(c) Name of employer	
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Vermont
PARENTS: 10. NAME OF FATHER	Laurence Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	Scotland
12. MAIDEN NAME OF MOTHER	Catharine Halpin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	Ireland
14. INFORMANT	Lawrence Marshall
(Address)	4043 Cozens Ave
15. FILED	JUL - 2 19 ... Max C. Starkloff, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1928

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

that I last saw h.... alive on 8 40 p 19...., and that death occurred, on the date stated above, at 8 - p .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
Fracture Skull
Struck by auto in (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) City St. Louis
Homicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. Dever M.D.

7/2, 1928 (Address) Dep. Coroner

*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: Calvary Cemetery — DATE OF BURIAL: 7/3/ 1928

20. UNDERTAKER: Gullen & Kelley — ADDRESS: 4524 Easton

N. B.—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.