

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

Do not use this space.

32350

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 2012 E. Harris Ave.) St. Ward)

File No.
 Registered No. 9443

2. FULL NAME William Marsh.

(a) Residence. No. 2012 E. Harris Ave. St. 9 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White. Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/13/1882.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hostler.
 (b) General nature of industry, business, or establishment in which employed (or employer) Race horses.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER John H. Marsh.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Bertha Vogelsang.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. May Harris
 (Address) 4007 E. Gaston Ave.

15. FILED SEP 22 1929 Ray C. Stankin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21/29 19

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929 to Sept 20, 1929 that I last saw him alive on Sept 20/29, 1929, and that death occurred, on the date stated above, at 12/25/A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

75B Cerebral Paralysis
83
82A Hemiplegia, Apoplectic (duration) yrs. mos. 10 ds.
Apoplectic Paralysis and Chronic
 CONTRIBUTORY (SECONDARY) due to
alcoholism (duration) 2 or 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 70

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Theo W. Conzelmann M. D.

Sept 21, 1929 (Address) 5043 Vernon

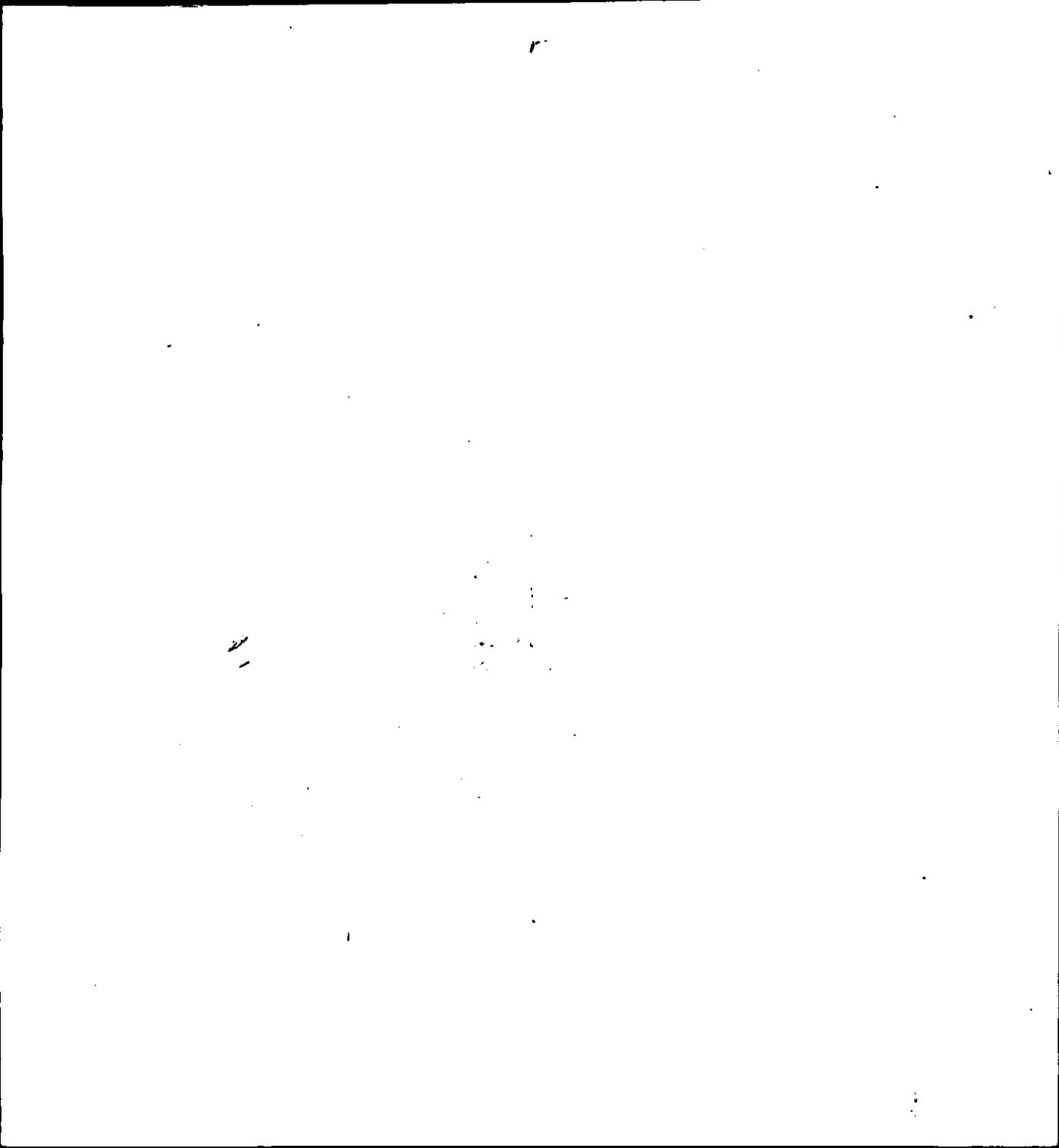
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Peters 9-23-1929
 20. UNDERTAKER ADDRESS Provost and Co 3710 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. 20% amount of space is reserved for the cause of death.

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Name: William Marsh

Who died at: St. Louis, Mo. on Sept 21, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Cerebral paralysis, Hemiplegia apoplectic Paralysis due to Apoplexy

Contributory: Apoplectic paresis - chronic due to Alcoholism, The deceased

Where was disease contracted? went South and drank all the Liquor he could get.

Did operation precede death? by Dr. Theo. Borgelmann Date of 2-28-30 City of N.S.

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: _____

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