

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

Do not use this space.

37589

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Missouri (No. 15th & Poplar Streets)

File No.....
Registered No. 10266
St. Ward)

2. FULL NAME Robert Marshall

(a) Residence, No. 1013 S. 13th Street St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Marshall		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th, 1891		
7. AGE YEARS 41	MONTHS 7	DAYS 8
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Helper On
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Wagon
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME **George Marshall**

14. BIRTHPLACE (CITY OR TOWN) **Scotland**
(STATE OR COUNTRY)

15. MAIDEN NAME **Genet Malcolm**

16. BIRTHPLACE (CITY OR TOWN) **Scotland**
(STATE OR COUNTRY)

17. INFORMANT Viola Marshall
(ADDRESS) 1013 S. 13th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE North St. Marcus DATE Nov. 22 1932

19. UNDERTAKER Wick Co.
(ADDRESS) 2201 S. Grand Boulevard

20. FILED Nov 21 1932 1932 W. C. Marshall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 18** 1932

22. No Physician in attendance
HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:
179 M
Detained Alcohol Poisoning
due to drinking bad liquor, time and place unknown.

Other contributory causes of importance:
Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury unk 19.....
Where did injury occur? Unknown
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Unknown

Manner of injury.....
Nature of injury Detained Alcohol Poisoning

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. W. Kerner, M.D.
(Address) Dep. Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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