

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

Do not use this space.

18198

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. U S Marine Hospital, 3640 Marine Ave., St. Louis Ward) 10

File No. ....  
 Registered No. 4657

**2. FULL NAME** Grant C. Marsh

(a) Residence, No. 7023 Michigan Ave., St., 1 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 67 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 Caroline Marsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
68 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In charge on board river steamers  
 10. Date deceased last worked at this occupation (month and year) Nov. 2, 1937 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

13. NAME Grant Marsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

15. MAIDEN NAME Catherine Reardon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) U S Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE May 8, 1934

19. UNDERTAKER (ADDRESS) W 78 1/2 Broadway

20. FILED May 10 1934 Registrar J. Bredeck

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934 19

22. I HEREBY CERTIFY; That I attended deceased from Jan 2, 1934 19, to May 5, 1934 19

I last saw him alive on May 5, 1934 19. Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage, Cerebral Date of onset May 1, 1934.

Other contributory causes of importance: Arteriosclerosis, general Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No and laboratory

23. If death was due to external causes (violence), fill in also the following: No Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. Delougherty M. D. (Address) U S Marine Hospital, St. Louis, Mo.

certified: D. P. Resher, med. off. charge

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.

JUN 19 1934

OCCUPATION

FATHER

MOTHER

129

