MAR 1 5 1935

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

Do not use this space.

6946

1353

1. PLACE OF DEATH

County..... Registration District No. 701

Township..... Primary Registration District No. 1003 File No. ..... Registered No. 1353

City St. Louis Mo (No. Alexander Bro Hosp St. ..... Ward)

2. FULL NAME Harry E. Marlett

(a) Residence, No. 3749 Olive St., 24 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: 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 Marie Marlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1864

7. AGE: Years 70 | Months 3 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Wm Marlett

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Marie Marlett
(ADDRESS) 3749 Olive St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE Feb 8 35

19. UNDERTAKER Fix Funeral Home
(ADDRESS) 2623 Olive St

20. FILED 2-8-35 19.... J H Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935, to Feb 5, 1935

Last saw h. alive on Feb 5, 1935. Death is said to have occurred on the date stated above, at 8:10 P. m.

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

	Date of onset
Chronic Myocarditis	
Gallstones Hypostatic Pneumonia	

Other contributory causes of importance: Chronic Prostatic Obstruction of old Nucleus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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? .....

If so, specify .....

(Signed) Neal Faulkner, M. D.

(Address) 5914 Delmar

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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SEP 19 1957