

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.

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

Do not use this space.

8500

MAR 12 1936

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City **St. Louis Mo** (No. **City Hospital No. 2**)

File No. ....  
Registered No. **2196**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **John Marshall**  
(Usual place of abode) **2207 - Chestnut St.** Ward. **21**  
Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**  
4. COLOR OR RACE **Negro**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 80**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 1 - 1936**  
22. I HEREBY CERTIFY, That I attended deceased from **1 - 30 - 1936** to **2 - 1 - 1936**  
I last saw him alive on **2 - 1 - 1936** Death is said to have occurred on the date stated above, at **5:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

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

**Lotus Pneumonia**  
Date of onset **1-30-36**  
Other contributory causes of importance: **108**

MOTHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**  
13. NAME **John Marshall Sr.**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GA**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Chemical** Was there an autopsy? **No**

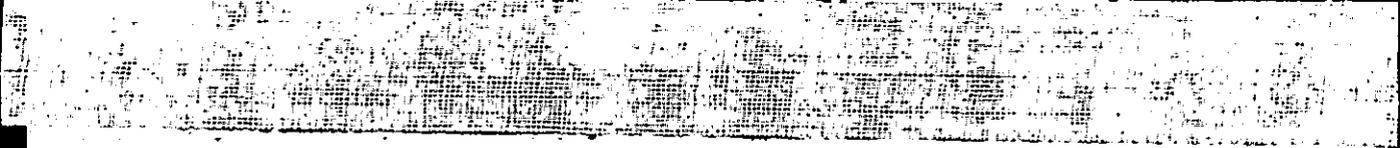
FATHER  
15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GA**

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 .....

17. INFORMANT (ADDRESS) **Curly Pedersen 2945 - Laurin**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington U** DATE **2-1** 19**36**

24. Was disease or injury in any way related to occupation of deceased? If so, specify  
(Signed) **J. Buchanan Harris**, M. D.  
(Address) **2945 - Laurin**

19. UNDERTAKER (ADDRESS) **Walter Richter 3520 Ridge St**  
20. FILED **FEB 27 1936** **J. F. Bredeck** Registrar.



[Faint, mostly illegible text and markings, including a large circular stamp or signature in the lower-left quadrant and a smaller circular stamp in the upper-middle section.]