

JUL 14 1936

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

Do not use this space.

24397

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City St. Louis (No. 3013 N. Market)

File No.
Registered No. **6012**
St. Ward)

2. FULL NAME

George G. Marlow
(a) Residence, No. 3013 N. Market St., 11 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christine Marlow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6, 1873</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clothier</u>			
	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) <u>St. Louis</u>				
MOTHER	13. NAME <u>Charles Marlow</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>			
	15. MAIDEN NAME <u>Virginia Damaine</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>				
17. INFORMANT <u>Christine Marlow</u> (ADDRESS) <u>3013 N. Market St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabray</u> DATE <u>6-13</u> 19 <u>36</u>				
19. UNDERTAKER <u>Arthur J. Donnelly, 460</u> (ADDRESS) <u>3rd St.</u>				
20. FILE <u>JUN 11 1936</u> <u>J. T. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I 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 7:30 m.
The principal cause of death and related causes of importance were as follows:
Ruptured aneurysm of heart, (non-traumatic) arteriosclerosis, tuberculosis of lungs, tuberculosis of spleen

Date of onset

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

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) J. T. Bredeck, M.D.
(Address) 611/36

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.

