JAN 10 1937

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

Do not use this space.

46213

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ~~Enroute to~~ City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 12028

2. FULL NAME Margaret Marshall

(a) Residence, No. 4120 North Grand Boulevard St., 10 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: Female

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: Adam Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8th, 1914

7. AGE: YEARS 22 | MONTHS 5 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Highland, Illinois

FATHER

13. NAME: Gottlieb Jose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Emma Beinecke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grantfork Illinois

17. INFORMANT (ADDRESS): Adam Marshall, 4120 N. Grand Boulevard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland, Illinois DATE December 9, 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 6th, 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 1:10 A.M.

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

Date of onset

Haemorrhage due to fragmented fracture of Skull, received when an auto in which the deceased was riding struck

Other contributory causes of importance:

a telephone pole in St. Louis, Mo.

Accident

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? Accid. Date of injury 12/6, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Auto struck telephone pole

Nature of injury: Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Harold [illegible], ~~M.D.~~

(Address) Depfer

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.

Coroner's Office