

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

FEB 8 1937 791

1003

3822

859

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St Louis Mo (No. en route to city hospital #1 St. .... Ward)

2. FULL NAME EMMA M MARSH

(a) Residence, No. 1101 Olive St Belleville Ill Ward. 2, 5th.  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W MARSH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 27 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 6 23

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. 33

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) BELLEVILLE ILL

13. NAME FRED BAUMANN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY ILL

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN ILL

17. INFORMANT Eugene Marsh (ADDRESS) do

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA DATE JAN 22 1937

19. UNDERTAKER Gundlach & Co (ADDRESS) Belleville Ill

20. FILED 20 10 27 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1937

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 3:10 P m.

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

Cerebral Apoplexy  
arteriosclerosis

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) Alfred Perry M. D.  
(Address) Deputy Coroner

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.

THIS IS A PERMANENT RECORD

