JUN 29 1937

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

Do not use this space.

File No. 21240

Registered No. 97

1. PLACE OF DEATH

County St. Louis Ferguson Town Registration District No. 333

Township St. Ferdinand Primary Registration District No. 4468

City Bridgeton, Mo. (No. Bridgeton, Mo. St. Ward)

2. FULL NAME Martin Mareschal.

(a) Residence, No. Bridgeton, Mo. St., 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Mareschal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1844.

7. AGE: Years 93 Months 1 Days 16 If LESS than 1 day, ...hrs. or ....min.

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OCCUPATION

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

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): Missouri

FATHER

13. NAME: Joseph Mareschal

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

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Mrs. Frank Norman, Bridgeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Montgomery City, Mo. DATE May 17/37. 19

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED 5-15 1937 W. A. Zeitler Registrar.

Per L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13/37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 13th, 1937, to May 13/37., 19

I last saw him alive on May 13/37., 19 Death is said to have occurred on the date stated above, at 11.05 A.M. P.M.

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

	Date of onset
Bronchio-pneumonia	5.10.37
Chronic Myocarditis	5.13.34

Other contributory causes of importance:

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

What test confirmed diagnosis? clin. 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? No

If so, specify .....

(Signed) H. G. Coffman, M. D.

(Address) Pattonville, Mo.

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.

Dr. Colemann
Patonville Mo .