

DEC'D JUL 12 1938

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

20171

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **5654 Delmar Blvd.** St. **620**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5310**2. PRINT FULL NAME **George Herbert Marshall**

(a) Residence, No. **5654 Delmar Blvd.** St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Parolee Marshall**

6. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-31-1878**

7. AGE YEARS **60** MONTHS **5** DAYS **9** LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Paint Mfr.**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **Jan. 1933.** 11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) **Belton** (STATE OR COUNTRY) **Texas**

13. NAME **Willis Marshall**

14. BIRTHPLACE (CITY OR TOWN) **Miss.** (STATE OR COUNTRY)

15. MAIDEN NAME **Amelia Myrich**

16. BIRTHPLACE (CITY OR TOWN) **Miss.** (STATE OR COUNTRY)

17. INFORMANT **Parolee Marshall** (ADDRESS) **5 654 Delmar Apt. 211**

18. BURIAL, CREMATION: OR REMOVAL PLACE **Valhalla Crematory June 11. 38**

19. FUNERAL DIRECTOR **Alexander and Sons** (ADDRESS) **6175 Delmar Blvd.**

20. FILED **JUN 11 1938** **J. F. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from

June 8 19**38**, to **June 10** 19**38**I last saw him alive on **June 8** 19**38**. Death is saidto have occurred on the date stated above, at **7:00** m.

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

Tuberculosis, pulmonary

Date of onset

1933

Other contributory causes of importance:

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

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? **P**

If so, specify

(Signed) **John C. Inghart**, M. D.(Address) **940 Fur. Blvd 634 St. Louis****Je 0021**

7112 Michigan
Professionals 7112
Miss Doreen Bldg
Jeff 0021

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

This Body was Not Embalmed -

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *jos. E. McCulloch*

Licensed Embalmer No. *2460*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)