

AUG 2 1938
 SEP 9 1938

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

300716
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Becker Road (d) Street No. Route #9 Registered No. 1307
 (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.

2. PRINT FULL NAME Infant Marshall

(a) Residence, No. Becker Road #9 St. Lemay, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

22. I HEREBY CERTIFY, That I attended deceased from July 28 1938 to Aug 1 1938
 I last saw him alive on July 28 1938. Death is said to have occurred on the date stated above, at 4:50 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 3

Date of onset

Premature birth

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 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)
 11. Total time (years) spent in this occupation

Other contributory causes of importance 54

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Joe Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Bertha Marler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Joe Marshall (ADDRESS) Becker Rd. #9 Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pevely, Missouri DATE Aug. 2 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED f-2 1938 T. R. Meyer, M.D., Dr. P. H. Local Registrar.

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

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) Waldorf Hill, M. D.

(Address) Lemay, Mo.

AUG 2 1938

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

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.)