

REC'D OCT 12 1938

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

791
1003

30441
Do not use this space.

Registered No. 7878

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2735 A South 10th St.
(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 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Noah Marler *h u l n*

(a) Residence, No. 2735 A South 10th Street St. 23
(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 Husband of Cora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Lead Mine
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri *0*

FATHER 13. NAME Unknown Marler *0*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri *0*

MOTHER 15. MAIDEN NAME Jane Ellis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Cora Marler
(ADDRESS) 2735 A South 10th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum, Mo DATE Sept. 7, 1938

19. FUNERAL DIRECTOR A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED SEP - 6 1938 19 *J. B. Buelch* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1938 *38*

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to Sept 5, 1938
I last saw him alive on Sept 3, 1938 Death is said to have occurred on the date stated above, at 5:52 m.
The principal cause of death and related causes of importance were as follows:

Nephritis chr Int *5/20/38*
131
Other contributory causes of importance: Empyema non-tubercular *7/1/38*

Name of operation A. Hist 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? No
If so, specify Otis T. Walsen, M. D.
(Signed) 2904 Park Ave
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I, L R Cooper, Licensed Embalmer No. 3633

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

L. E.

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

working under my personal supervision.

Signed

L R Cooper

Licensed Embalmer No. 3633

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.)