

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.

DEC 8 1938

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

40415
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 220
 (c) City Jefferson Barracks (d) Street No. Vet Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank W. Marshall
 (a) Residence, No. Restus, Missouri St.
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 2

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. -
 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) Saint Louis, Missouri.

FATHER
 13. NAME Richard Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri.

MOTHER
 15. MAIDEN NAME Jennie Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri.

17. INFORMANT Clinical Clerk, VAF Jefferson Barracks, Missouri.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Zion Restus DATE 11-10-38

19. FUNERAL DIRECTOR Nement - son
 (ADDRESS) 2631 Wash St

20. FILED 11-9-38 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1938 to November 3, 1938
 I last saw him alive on November 3, 1938. Death is said to have occurred on the date stated above, at 12:10 PM
 The principal cause of death and related causes of importance were as follows:
Tuberculosis, pulmonary, chronic, active, far-advanced.
Pleurisy with effusion; Spontaneous pneumothorax, right.

Other contributory causes of importance: None

Name of operation None Date of NO
 What test confirmed diagnosis? Phys. clinical manif. and laboratory 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 see log
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, Missouri.

STATEMENT BY LICENSED EMBALMER

I, Tomie Boykin, Licensed Embalmer No. 2946

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Tomie Boykin

Licensed Embalmer No. 2946

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.)