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RECORD WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

REC'D JUN 12 1939

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

Do not use this space.

1. PLACE OF DEATH

3

County

Registration District No.

791
1008

File No.

16752

Township

Primary Registration District No.

Registered No.

4286

City

(No.

En route City Hosp #1

St.

Ward)

2. FULL NAME

(a) Residence, No.

262 Charles Edward Marseles
921 Chestnut

St.

25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 25-1893

7. AGE YEARS 46 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machine helper

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

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

13. NAME George Marseles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Ill.

15. MAIDEN NAME Stasia Flemming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

17. INFORMANT (ADDRESS) Hattie Spitzmiller 29235 D 14th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill. DATE May 11 1939

19. UNDERTAKER (ADDRESS) Robert H. Steyer Alton Ill.

20. FILED MAY 8 1939 J. D. Purbeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/39 19

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows: Internal Hemorrhage into Intestinal Tract from Ruptured Varices of Esophagus

Other contributory causes of importance: Cirrhosis of Liver

Name of operation 1248 Date of 9/5

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) J. D. Purbeck Deputy Coroner (Address)

Undertaker - Robert H. Stripes.

License no. 2474.