

FILED JAN 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2342

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 10/17/40
(Specify whether -)

In this community Admitted 10/1/40 to hospital.
years, months or days Length of time in this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.,

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 914 Damert Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William J. Marshall

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife June 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>49</u>	<u>4</u>	<u>29</u>	hr. _____ min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business _____

12. Name Jim Marshall

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Yanda

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Dec 13 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Thorlunde & Son

(b) Address 2906 Garrison Ave

19. (a) DEC 12 1940 (b) W. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1940, hour 12:12 minute _____ p.M.

21. I hereby certify that I attended the deceased from October 17, 1940 to December 11, 1940
that I last saw him alive on December 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with intra-abdominal metastases. Duration 2 years

Due to _____

Due to _____

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No autopsy.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? lawyer
(Specify type of place) (Specify type of industry)

23. Signature C. W. Hughes, M.D. (M. D. or other) _____
Address Chief Medical Officer Date signed 12/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 10 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Geo Budde

Registered Apprentice No.

working under my personal supervision.

Signed

Geo Budde

Licensed Embalmer No.

3989

P. O. Address

St. Louis

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.)

If this body is not embalmed, fact should be so stated above.