

FILED APR 20 1942

791 Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308a Victor Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 308a Victor Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM MARLOW

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rebecca 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased November 22, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 22 hr. min.

9. Birthplace St. Francois County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Retired

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frances Marlow
(b) Address 2429a So. 2nd. Street

17. (a) Burial (b) Date thereof 4-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 301 Lafayette Avenue

19. (a) (Date received local registrar) (b) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1942 hour 9:02 minute — A. M.

21. I hereby certify that I attended the deceased from July 11, 1939 to April 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face and orbit

Due to 53

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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 (Specify type of place) (e) Means of injury
23. Signature E. M. Robbins (M. D. or other) M.D.
Address 3017 Lafayette Date signed 4-13-42

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.....

Charles H. Neighbors, Registered Apprentice No. *319*
working under my personal supervision.

Signed *Paul A. Keith*

Licensed Embalmer No. ~~2217~~ *3612*

P. O. Address *2317 Lafayette*

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.