

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22946

State File No.

Registrar's No.

FILED AUG 14 1942
791

Primary Registration District No. 1003

6665

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 3854 De Touhy Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs 9 months 15 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3854 De Touhy Street (If rural, give location) 917
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME TIMOTHY G. MARSHALL

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Alice Marshall 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 24 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business do

MOTHER FATHER

12. Name Isaac Marshall
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. O. Bonmar
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Marshall

(b) Address 3854 De Touhy Street

17. (a) Burial (b) Date thereof Aug 8th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Baptist

18. (a) Signature of funeral director John P. Colman
(b) Address 928 St. Grand Bldg

19. (a) AUG 7 1942 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 5 day 1942
year _____ hour about 10:00 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 6 1941 to Aug 5 1942
that I last saw her alive on Aug 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration ??

Due to Chr. myocarditis

Due to several months

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of 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) none

(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? _____
(Specify type of place) (e) Means of injury 0

23. Signature John T Flynn MD (M. D. or other)
Address 1715 23rd St Date signed Aug 6 1942

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

8844 (Licensed Embalmer's Statement on Reverse Side)

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.....
.....; Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P.O. Address *City*

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.