

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOMER PHILLIPS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
In this community UNKNOWN
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3133 PINE ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Marshall

3. (b) If veteran, _____ 3. (c) Social Security _____
SPANISH AMERICAN No.

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

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 89 - - - hr. min.

9. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

10. Usual occupation PENSIONER

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name " " " "
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dina Belerford

(b) Address 4388 St Louis Ave

17. (a) BURIAL (b) Date thereof 9-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director James L. ...

(b) Address 3103 Washington

19. (a) SEP 1 1942 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29th
year 1942 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Sclerosis

Due to Arteriosclerosis

Due to 9/4

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 9/4

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 Thomas A. Callahan (M.D. or other) _____

Address Deputy Coroner Date signed 9/4/42

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

MOTHER FATHER

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 Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address.....

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.