

FILED FEB 4 1943

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: **378**

(a) County.....  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
DePaul Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)  
 years, months or days)

3. (a) PRINT FULL NAME Ada Marshall

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

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

6. (b) Name of husband or wife Charley H. Marshall 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 29, 1872  
 (Month) (Day) (Year)

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

68 8 0 hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Ruckner Fairfax

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

14. Maiden name Aizurah Curtindoll

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

16. (a) Informant Charley H. Marshall  
 (b) Address Renick, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Jr.  
 (b) Address 4700 Washington Blvd.

19. (a) JAN 29 1943 (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1003**

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1943 hour 6 minute 35A M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 29 1943 that I last saw h. e alive on Jan 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Renal disease  
Septicemia, acute  
Septicemia, acute  
Septicemia, acute

Duration

Due to.....

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

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).....  
 (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 J. F. Bredeek (M. D. or other) MD  
 Address 125 Barber Date signed 1/29/43

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

MOTHER FATHER

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**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.....

*Hulford G Burnley*  
.....  
Licensed Embalmer No. 4202.....

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.**