S. No. 2
M—1-4-41
v. 5-17-41
Rev. 3-1-39
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FILED JUL 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19838

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5774

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Enroute to St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 17 9 11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 N. Pendleton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alex Marable
3. (b) If veteran, name war
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Marable
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt.	62			hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Brick Yard
11. Industry or business Labourer
FATHER
12. Name William Marable
13. Birthplace Texas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Lizzie Marable
(b) Address 1428 Pendleton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director ATKINS Bros
(b) Address 3644 Fairmount Ave
19. (a) JUN 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Jandice	
Due to Multiple Infarcts	
Due to Of Left Lung	
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)
(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)
While at work? (e) Means of injury
23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 6/21/43

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.