

FILED JUL 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6006

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (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: City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9/13
 (d) Street No. 5800. Arsenal St., (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joe Marlow
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 25 year 1943 hour 1:00 minute _____ P.M.

4. Sex Male 5. Color or race W
 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 Aug. 15 1885
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1 1943 to June 25 1943
 that I last saw him alive on June 25 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death CNS Syphilis

9. Birthplace Italy (City, town, or county) (State or foreign country) 5
 10. Usual occupation Laborer

Due to _____
 Due to _____

11. Industry or business _____
 12. Name George Marlow
 13. Birthplace Italy (City, town, or county) (State or foreign country) 5
 14. Maiden name Marion Malena
 15. Birthplace Italy (City, town, or county) (State or foreign country) 5

Other conditions Pulmonary tuberculosis
 (Include pregnancy within 3 months of death)

16. (a) Informant M. Geasland
 (b) Address 5800 Arsenal St.,
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-1-43 (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY

Major findings: Of operations Intic aortitis
Of autopsy Pulmonary tuberculosis
Intestinal Tuberculosis?

18. (a) Signature of funeral director Gullen & Kelly
 (b) Address 1416 N. Taylor and
 19. (a) JUL 7 1943 (Date received local registrar) (b) J. P. Brudeck (Registrar's signature)

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. P. Brudeck (M.D. or other) MD
 Address City Infirmary Date signed 6/28/43

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 James G. Lammers

Licensed Embalmer No. 4142

P.O. Address St. Louis

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.