S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19841

Primary Registration District No. 1003

Registrar's No. 5571

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: Carrie Elligson Gietner Home 5 2 yrs + (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9/15

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5000 S. Broadway (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fannie P. Marsh

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Harry P. Marsh

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

7. Birth date of deceased April 12, 1887 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business unemployed

FATHER 12. Name John Smith

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

MOTHER 14. Maiden name ?

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

16. (a) Informant Lydia Reber,

(b) Address 2409 Delmar Granite City, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) JUN 18 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 15, 1943 to June 16th, 1943 that I last saw her alive on June 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Embolism Left	12 hours
Due to Acute Bronchitis	24 hours
Due to	
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 L. C. Herchenroeder (M. D. or other)

Address 5006 S. Broadway Date signed 6/16/43

(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.....

Licensed Embalmer No.....

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.