

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
151 W. Felton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 151 W. Felton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James R. Marshall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or face White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 14 hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Thomas Marshall

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

14. Maiden name Unknown

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

16. (a) Informant Fred Marshall

(b) Address 151 W. Felton

17. (a) Burial (b) Date thereof Oct. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Fondler Und. Co.

(b) Address 744 Lemay Ferry Road

19. (a) OCT 28 1943 (b) E. B. McHarran, Jr. & Co.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1943 hour 10 am minutes _____ M.

21. I hereby certify that I attended the deceased from Oct 20
1943 to Oct 24 1943
that I last saw him alive on Oct 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 days

Due to Chronic Bronchitis 10 years

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 107

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 R. W. Peters (M. D. or other) _____

Address 414 S. Grand Date signed Oct 26/43

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

MOTHER FATHER

96
00
00

Dr Petrus

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.....

Oliver E Fendler

Licensed Embalmer No.

4588

P. O. Address.....

Madison, Mo

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.