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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4387

FILED FEB 7 1944

Registration District No. 73-1944

Primary Registration District No. 6076

Registrar's No. 282

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6225 Stillwell
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6225 Stillwell
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Sharp Marsh, Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 Dec. (Month) 24 (Day) 1927 (Year)

8. AGE: Years 16 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace De Soto (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business .....

FATHER
12. Name Harry Sharp Marsh, Sr.
13. Birthplace Carlyle (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Helen Byrne
15. Birthplace Grand Rapids (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Harry Marsh, Sr.
(b) Address 6225 Stillwell Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Carlyle, Illinois

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

19. (a) FEB 3 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1944, to Jan. 30, 1944;
that I last saw him alive on Jan. 30. 44, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to secondary to an acute upper respiratory infection

Due to .....

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

Major findings:
Of operations .....
Of autopsy 111a

Duration

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 Solon P. Harris (M. D. ~~or other~~)
Address 6390 National Bridge Date signed 2/1/44

(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.....2971.....

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.