. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19123

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. County 1078

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 3, 1944 (Specify whether
In this community Since May 3, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. Route #5
(If rural, give location)

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

If yes, name country - -

3. (a) PRINT FULL NAME MARSHALL, Ray F.

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXXX~~ wife Mrs. Linnie Marshall

6. (c) Age of ~~XXXXXX~~ wife if alive 44 years

7. Birth date of deceased May 30, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	9	hr. min.

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

10. Usual occupation Fireman

11. Industry or business Fulton State Hosp., Fulton, Mo.

FATHER
12. Name Robert Marshall,
13. Birthplace Unknown (City, town, or county) Unavailable (State or foreign country)

MOTHER
14. Maiden name Alice Hill,
15. Birthplace Unknown (City, town, or county) Unavailable (State or foreign country)

16. (a) Informant M. Schellig Cl.Clk.,
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri

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

19. (a) MAY 12 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 9 day 1944
year hour 5:40 minute P.M. M.

21. I hereby certify that I attended the deceased from May 3, 1944 to May 9, 1944
that I last saw him alive on May 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.

Duration: UNKNOWN

Due to - -

Other conditions ARTERIOSCLEROSIS, GENERALIZED. UNKN.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy No autopsy. 93d

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) No

(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.M. COCHRAN, LT.COL.M.C. (M. D. or other)
Address Chief Medical Officer, Jefferson Barracks, Mo. Date signed 5-10-44

(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: Albert W. Harper

Licensed Embalmer No. 7861

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.