V. S. No. 2.
.00M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32575

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 8539

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4048 Cleveland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4048 Cleveland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sanford Marshall
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 26 (Day) 1889 (Year)
8. AGE: Years 54 Months 11 Days If less than one day hr. min.
9. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
MOTHER FATHER
12. Name Lewis Marshall
13. Birthplace New Orleans La. (City, town, or county) (State or foreign country)
14. Maiden name Esther McCracken
15. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
16. (a) Informant Joma Marshall
(b) Address 3953 West Bell St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Bessie Love
(b) Address 3103 Washington
19. (a) OCT 7 1944 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 year 1944 hour 9 P. minute P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1944 to Oct 4 1944 that I last saw him alive on Oct 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Hypertension	
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. A. Howell (M. D. or other)
Address 2902 Laclede Date signed 10-6-44

(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 W Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

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.