

S. No. 2
M-8-43
S-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4421
Registrar's No. 1609

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town
(c) Name of hospital or institution: ST-LOUIS-CHILDRENS-HOSPITAL (BARNES)
(d) Length of stay: In hospital or institution 23 Days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Granite City, Ill
(d) Street No. 3006 Myrtle
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Marilyn Pearl Justice
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 SINGLE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1-9-1943
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 9
If less than one day hr. min.

9. Birthplace GRANITE-CITY ILL.
10. Usual occupation NONE

11. Industry or business
12. Name DURELL- JUSTICE
13. Birthplace PUXICO MO.
14. Maiden name PEARL
15. Birthplace OKLA.

16. (a) Informant Pearl L. Justice
(b) Address Granite City, Ill
17. (a) Removal (b) Date thereof Feb 18/1945
(c) Place: burial or cremation St. John's Church, Ill

18. (a) Signature of funeral director Charles E. Mercer
(b) Address 1416 Michigan Ave, Granite City, Ill
19. (a) FEB 19 1945 (b) J. F. Breda, Ill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18 year 1945 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 27 1945 to Feb 18 1945 that I last saw her alive on Feb 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Monocytic leukemia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy usual findings in leukemia
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
B. Signature R. J. Blotner (M. D. or other)
Address St. B. Ky Date signed 2/18/45

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

MOTHER FATHER

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.....

Charles E. Mercer

Licensed Embalmer No.....

2988

P. O. Address.....

Granite City Ill

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.