

S. No. 2
1-3-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4574
Registrar's No. 1878

FILED MAR 14 1945

318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5739 Wells
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William H. Marston
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 24
year 1945 hour 12.22 P.M. minute..... M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mary Marston 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 5, 1863
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
82 0 19 ..hr. min.

Immediate cause of death Sublethal Hemorrhage of brain due to thrombosis which has been present for a long time, being operated by one Jimmy Chaney at home of 1800 Walnut Street about 8:15 a.m. Jan 22 1945
Duration
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace England
(City, town, or county) (State or foreign country)
10. Usual occupation Steam Fitter
11. Industry or business Rushnell Packing Co.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name James Marston
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 Albert Marston
(b) Address 7717 Milan, University City,
Cremation (b) Date thereof 2/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) FEB 26 1945 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) Accident
(d) Date of occurrence Jan 22, 1945
(e) Where did injury occur St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street
(Specify type of place)
While at work? (e) Means of injury as above
23. Signature Edith E. Ambruster (M. D. or other)
Address St. Louis Date signed 2/26/45

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

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 *Henry Eynck*
Licensed Embalmer No. 1284
P. O. Address St Louis 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.