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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7936

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2319

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: BARNES Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 4 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or ~~town~~ Alton (If outside city or town limits, write "RURAL") NR

(d) Street No. 2315 Tibbitt St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Ernest La Marsh

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 332-20-8755

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret La Marsh

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December (Month) 23 (Day) 1897 (Year)

8. AGE: Years 47 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Grafton (City, town, ~~or county~~) Illinois (State or ~~foreign country~~)

10. Usual occupation City Fireman

11. Industry or business Fire Department

FATHER
12. Name Frank La Marsh
13. Birthplace Calhoun County, (~~City, town, or county~~) Illinois (State or ~~foreign country~~)

MOTHER
14. Maiden name Lucy Austin
15. Birthplace Calhoun County, (~~City, town, or county~~) Illinois (State or ~~foreign country~~)

16. (a) Informant Margaret La Marsh.

(b) Address 2315 Tibbitt St. Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Grafton, Illinois.

18. (a) Signature of funeral director Robert H. Streeper

(b) Address 2521 Edwards St. Alton, Ill.

19. (a) MAR 12 1945 (Date received local registrar) J F Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10 year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 6, 1945, to March 10, 1945; that I last saw him alive on March 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia — Duration

Due to Obstruction common bile duct

Due to Post operation adhesions (old operation)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy As above

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 F R Bradley (M. D. ~~or other~~)

Address Barnes Hospital Date signed 3/10/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1951

MAY 28 1956

SEP 7 1956

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.....Robert H. Streeper

Licensed Embalmer No.....2474

P. O. Address.....Alton, 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.