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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8009

Registrar's No. 2427

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Infirmary, 17& Papin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County St Clair
(c) City or town East Colonie
(If outside city or town limits, write "RURAL")
(d) Street No. 1935 Trendley
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Roger Leonard Marshall
3. (b) If veteran, name war .....
3. (c) Social Security No. none

4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 3, 1945 (Month) (Day) (Year)

8. AGE: Years ✓ Months ..... Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation baby
11. Industry or business .....
FATHER 12. Name Leon Marchall
13. Birthplace Texas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Helen Coats
15. Birthplace East St Louis, Ill (City, town, or county) (State or foreign country)
16. (a) Informant Henrietta Coates
(b) Address 1935 Trendley Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 15th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Booker Washington
18. (a) Signature of funeral director Wm E Officer
(b) Address 2114 Mo Ave East St Louis
19. (a) MAR 15 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 45 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 3 3 1945, to March 12 1945; that I last saw him alive on March 12 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyloric stenosis	13 days
Due to Congenital defection	
Due to Term birth	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Pyloric Stenosis
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 C. L. Marshall (M. D. or other) MD
Address 1536 Papin St Date signed 3/15/45

MAR 15 1945

(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 William E, Officer., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E Officer

Licensed Embalmer No. 3518

P. O. Address 2114 Mo Ave.

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.