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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 22277

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6084

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:
5511 Finkman Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 5511 Finkman Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Marshall

3. (b) If veteran, name war ********

3. (c) Social Security No. ********

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November 5 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name William D. Marshall
13. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McKune
15. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. D. Marshall
(b) Address 5511 Finkman Ave

17. (a) Burial (b) Date thereof 7-14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) JUL 13 1945 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day July
year 1945 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from June, 1937, to Febr 4, 1945
that I last saw her alive on Febr 4 1945, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Melancholia
Mitral insufficiency

Due to

Due to

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Charles W. Theeny M.D. (M. D. or other)

Address 508 N Grand Date signed 7/13/45

(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 Homer H. Doty

Licensed Embalmer No. 3882

P. O. Address.....

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.