. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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 OCT 6 1945

State File No. 29232

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8317

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: 1419a Benton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1419a Benton St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Bridget A. Marlow

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife late Louis Marlow

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

7. Birth date of deceased January (Month) 10th. (Day) 1878 (Year)

8. AGE: Years 67 Months 8 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Haley
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Walsh
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. John J. Marlow
(b) Address 2910 a Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 25 1945 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd.
year 1945 hour 10:00 PM minute M.

21. I hereby certify that I attended the deceased from Sept 20 '45, 19 , to Sept 22 '45, that I last saw her alive on Sept 21, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to 83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Mas

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 [signature] (M. D. or other) 9/25/45

Address 1895 Madeline Date signed

(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.....Rex Campbell.....

Licensed Embalmer No.....38181.....

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.