

FILED MAR 7 1946
Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 501

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 5744 Chamberlain
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MARSHALL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ada Fairfax 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased September 29 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name George E. Marshall

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

14. Maiden name Nella Harris

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

16. (a) Informant Patient

(b) Address as above

17. (a) Buried (b) Date thereof 2-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maebury, Mo

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

(b) Address 4700 Mackcenter Blvd

19. (a) 2-27-46 (b) E. J. McDevon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th
year 1946 hour Seven minute 15 P.M.

21. I hereby certify that I attended the deceased from February 14th 1946 to February 20 1946; that I last saw him alive on February 20 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to 94

Other conditions Diverticulitis of colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Donald O. Burst (M. D. or other) M.D.

Address 601 Brentwood Blvd. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

6
2
3

5905

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 Elmo R Caldwell

Licensed Embalmer No. 4077

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.