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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 107812

FILED MAR 18 1946

Registration District No. 27

Primary Registration District No. 6676

Registrar's No. 558

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Sappington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sappington R.R. #6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs.  
In this community 40 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marcia Liston

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

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife H. Frank 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 17 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Plattville Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chester Rushnell  
13. Birthplace Plattville Wis.  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Medley  
15. Birthplace Fenimore Wis.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Doerer

(b) Address Sappington, Mo. R.R. #6

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattese

18. (a) Signature of funeral director J.L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) 3-6-46 (b) Edm. Garraudo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1945 to 3/11/46  
that I last saw her alive on 3/11/46 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Coronary Duration \_\_\_\_\_  
Due to Coronary thrombosis  
46 B

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Impalpable coronary thrombosis 9 months ago  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)  
Address 2500 7th Date signed 3/8/46

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**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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Grassie

**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.**