

FILED MAY 31 1946 **STANDARD CERTIFICATE OF DEATH** 1003

State File No. _____
Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4647**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(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

3. (a) PRINT FULL NAME Ferdinand Allen Marshall

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 14 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation (Infant)

11. Industry or business

MOTHER FATHER { 12. Name Henry Marshall
13. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Allen
15. Birthplace Hattisburg Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Marshall
(b) Address 4436 a Cote Brillante

17. (a) Burial (b) Date thereof May 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Washington Park Cemetery

18. (a) Signature of funeral director H. H. Bruce

(b) Address 1403 3rd St

19. (a) MAY 23 1946 (b) J. F. Brice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4436 a Cote Brillante
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 9 minute 40AM

21. I hereby certify that I attended the deceased from 5-20- 19 46 to 5-22 19 46.
that I last saw him alive on 5-22 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis
Lungs involved

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

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 Phos. Stevens (M. D. or other) _____
Address 2601 N. Whittier Date signed 5/23/46

Duration

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 23 1946

(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

Arthur L. Heilliard

Licensed Embalmer No.

4221

P. O. Address

1154 Bayard 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.