

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18687

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4237

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Georgia Marshall

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

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Marshall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Squire Clay

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

14. Maiden name ?

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

16. (a) Informant Arthur Marshall

(b) Address 314 Alsobrook

17. (a) Burial (b) Date thereof 5-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Inc.

18. (a) Signature of funeral director John H. Campbell

(b) Address 408 S. Filmore Ave. St. Louis

19. (a) MAY 10 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) - County _____
(c) City or town St. Louis County - Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Alsobrook
(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 7
year 1946 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 6, 1946 to May 7, 1946; that I last saw h. or alive on May 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Aneurysm

Due to 30

Due to _____

Other conditions Arteriosclerosis
(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 Orison J. Ayer (M. D. or other) _____

Address 2601 N Whittier Date signed 5/8/46

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

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

Chas. L. Howell

Licensed Embalmer No. *2452*

P. O. Address *2834 Gamble*

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.