

S. No. 2
DM-5-43
v. 5-17-39
I X38871

FILED JUN 20 1946

State File No. _____

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 1278

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(c) Name of hospital or institution:
9738 Tesson Ferry Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 9738 Tesson Ferry Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME C. Albert Marschel

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elsa Marschel 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept. 2, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 4 If less than one day
hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER, FATHER { 12. Name Albert Marschel
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Schmidt
15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Marschel
(b) Address 9738 Tesson Ferry Road
17. (a) entombment. (b) Date thereof 6/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) 6-12-46 (b) E. H. McDevran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 46 hour 12-0 minute 6 P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1946 to June 6, 1946
that I last saw h. e alive on June 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart. Duration _____
Due to Multiple Myeloma

Due to 552
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no
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? _____

23. Signature Chas J. Thomas (M. D. or other) _____
Address 644 Furio Bldg Date signed _____
(Specify type of place) (Means of injury)

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

MAR 2 6 1953

JUL 30 1944

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 m

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.