

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947
#9006

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15406
Registrar's No. 3745

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: 12 DAYS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St. Louis
(d) Street No. 5144 St. Louis Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. 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 MARRIED
6. (b) Name of husband or wife LOUISE 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased FEB 18 1880 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7th year 1947 hour 12:00 minute P M.
21. I hereby certify that I attended the deceased from 3/26/47 to 4/7/47 that I last saw him alive on 4/7/47 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 1 Days 19 hr. min.

Immediate cause of death: Arteriosclerotic Heart disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

10. Usual occupation ROOFING BUSINESS

11. Industry or business
12. Name WM. MARSHALL
13. Birthplace CANADA (City, town, or county) (State or foreign country)
14. Maiden name MARGARET HILLIARD
15. Birthplace CANADA (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS LOUISE MARSHALL
(b) Address 5144 ST LOUIS
17. (a) BUREAU (b) Date thereof APRIL 10 47 (Month) (Day) (Year)
(c) Place: burial or cremation NEWS S. Peter - PAUL

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?

18. (a) Signature of funeral director J. F. Medical
(b) Address 4386 Lindell
19. (a) APR 9 1947 (Date received local registrar) J. F. Medical (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. M. City 1515 Lafayette 4/7/47 or other
Address Date signed

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

MOTHER FATHER

rad
617
9
8

93

0

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.....

James A. Summers

Licensed Embalmer No.

4142

P. O. Address.....

St. Louis

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.