

S. No. 2
1-12-45
7-5-17-39
I X47079

FILED JUL 9 1947
Registration District No. **310**

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours**
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles** **92**

(c) City or town **St. Charles** **4**
(If outside city or town limits, write "RURAL")

(d) Street No. **1508 North Fourth Street** **3**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Gene Melroy Marsh**

3. (b) If veteran, name war **World War 2**

3. (c) Social Security No. **489-18-0571**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 26 1920**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	5	1	hr. _____ min.

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

10. Usual occupation **General Utility man**

11. Industry or business **Old Trails Cafe**

MOTHER FATHER

12. Name **Joseph Fred Marsh**

13. Birthplace **Defiance Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Peters**

15. Birthplace **Defiance Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph F. Marsh**

(b) Address **1508 N. 4th-St. Charles, Mo.**

17. (a) **burial** (b) Date thereof **June 29-1947**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles, Mo. Oak Grove Cem.**

18. (a) Signature of funeral director **H. C. Dallmeijer & Sonals**

(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **6/30/47** (b) **F. Annie Hamilton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27** year **1947** hour **9:10** minute **A. M.**

21. I hereby certify that I examined the body on **June 28th** **47** at **1508 North Fourth Street** held inquest

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
skull fracture and chest injuries	
Due to automobile accident between a tractor-trailer truck and automobile.	
Due to _____	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	
Of autopsy none	

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) **accident** **130**

(b) Date of occurrence **June 27th, 1947**

(c) Where did injury occur? **city of St. Charles**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? **none** (Specify type of place) (c) Means of injury **skull fracture**

23. Signature **Melroy Marsh** **3**
Address **1508 North Fourth Street** Date signed **6-28-47**

JUL 17 1947
JUL 19 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 7 1947

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
Herbert C. Dallmeyer, Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph T. Lindset
Licensed Embalmer No. 4189
P. O. Address St. Charles

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.