No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39947

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10595

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

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: 1602 Glasgow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1602 Glasgow
(If rural, give location)

(e) Citizen of foreign country? 20 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT MARION

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-9845-A

4. Sex Male

5. Color or race Odd

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

6. (b) Name of husband or wife Minnie Marion

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased — (Month) — (Day) — (Year)

8. AGE: Years abt. 78 | Months — | Days — | If less than one day ... hr. ... min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Henry Marion
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Lucie Tompson
15. Birthplace Divel (City, town, or county) Miss (State or foreign country)

16. (a) Informant Annie Berry
(b) Address 2739 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A D Richards
(b) Address 2625 Glasgow

19. (a) NOV 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1947 hour 12 45 minute a M.

21. I hereby certify that I attended the deceased from 10 - 2 - 1947 to 11 - 14 - 1947
that I last saw him alive on 11 - 12 - 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	Last no.
Mitral Insufficiency	
Due to	
92	
Due to	
Other conditions Broncho asmethica (Include pregnancy within 3 months of death)	1 mo
Bronchial Asthma	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr Edward Bell (M. D. or other) MD
Address 2901 Lockeden ave. Date signed 11-14-47

Jefferson City Printing Co.

(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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glenwood

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.