No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6731
2256

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 060
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6301 MINNESOTA 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERE MARSOT
3. (b) If veteran, name war NONE
3. (c) Social Security No.

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 AUGUST 31, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 3 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)
10. Usual occupation CLERK
11. Industry or business HARDWARE

MOTHER FATHER
12. Name FRANCIS X. MARSOT
13. Birthplace FRANCE (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH POUPNEY
15. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

16. (a) Informant MISS NATALIE MARSOT
(b) Address 6301 MINNESOTA
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVE CEM.
18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. GRAND BLVD.
19. (a) MAR 5 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 4 minute 35 A. M.
21. I hereby certify that I attended the deceased from 2/25/48, 19, to March 4th, 19 48, that I last saw him alive on March 4th, 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	1yr
Due to Hypertension	10yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Arnold A. Cook (M. D. or other)
Address 1515 Lafayette Date signed 4/4/48

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 J. Wm Bentley

Licensed Embalmer No. 3453

P. O. Address St Louis Mo

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.