

S. No. 2  
 OM-5-43  
 Rev. 5-17-39  
 I X36671

**FILED MAR 25 1948 318**

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution: **Claridge Hotel - 5408 Page Blvd.**  
 (d) Length of stay: \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** **Marie Tavia Black,**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security** No \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Robert W. Black**  
**6. (c) Age of husband or wife if alive** **47** years  
**7. Birth date of deceased** **October 12 1903**  
 (Month) (Day) (Year)

**8. AGE:** Years **44** Months **5** Days **2**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **East St. Louis Illinois**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Edward Landon**  
**13. Birthplace** **Jerseyville Illinois**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Annie Clark**  
**15. Birthplace** **Jerseyville Illinois**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr. Robert W. Black,**  
**(b) Address** **5408 Page Blvd.**

**17. (a) Burial** **Bellefontaine Cemetery** **(b) Date thereof** **3-17-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Cullinane Bros.**

**18. (a) Signature of funeral director** **J. F. Prudek**  
**(b) Address** **3320 N. Kingshighway Bl.**

**19. (a)** **MAR 16 1948** **J. F. Prudek**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **17**  
 (d) Street No. **5408 Page Blvd.** **9**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **14**  
 year **1948** hour **12:00 Noon** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Multiple fractures of skull; Laceration of brain; suffered when deceased jumped from 11th floor window of her room #1122 at Claridge Hotel on March 14, 1948, about 12:50 o'clock p.m.**

**Due to** \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_  
 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) **Suicide**  
 (b) Date of occurrence **3-14-1948**  
 (c) Where did injury occur? **St. Louis, Mo.**  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place**

While at work? **no** (Specify type of place) **See above**  
**23. Signature** **Thomas J. Callahan** **3**  
**Address** **Parsons** **Date signed** **3-16-48**

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**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: *Fred Frick*

Licensed Embalmer No. **3186**

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.**