

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3110

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

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: In hospital or institution newborn
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1100 S. 18th St., Memorial (If rural, give location)
(e) Citizen of foreign country? 22 (Yes or No) ?
If yes, name country

3. (a) PRINT FULL NAME BABY BOY MARLER
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, Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 9th, 1948 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day 2 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1st year 1948 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from 2/9/48 to March 1st 1948
that I last saw him alive on March 1st 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Diarrhea due to unknown etiology. Duration 12 days
Due to 119
Due to

9. Birthplace St. Louis City Hospital (City, town, or county) (State or foreign country)
10. Usual occupation nil
11. Industry or business
12. Name Charles Marler
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Juanita Hudson
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant St. Louis City Hospital (b) Address 1515 Lafayette Ave.,
17. (a) Anatomical Board (b) Date thereof MAR 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service (b) Address 4104 Manchester Ave.
19. (a) MAR 31 1948 J. J. Prueck (Date received local registrar) (Registrar's signature)

Other conditions Meningocele & Hydrocephalus w/fe. (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
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?
23. Signature March 1st, 1948 1515 Lafayette (Specify type of place) (a) Means of injury M.D.
Address Date signed 3 Mar 1948

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.....

..... Licensed Embalmer No.....

P. O. Address.....

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.