V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14416
Registrar's No. 3575

Registration District No. .....
Primary Registration District No. 1005

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: City Hospital
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5101A S. Broadway 9
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Franklin E. Marsh
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 married
6. (b) Name of husband or wife Lydia Marsh
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan (Month) 16 (Day) 1886 (Year)

8. AGE: Years 62 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Center Point (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Shoe Cutter
11. Industry or business Boyd Walsh Shoe Co.
FATHER
12. Name Charles S. Marsh
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Esther Knapp
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Lydia Marsh
(b) Address 5101A S. Broadway
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 12
year 1948 hour 10 minute 40 A M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Cancer
Due to With Metastasis to Liver
Due to .....
Other conditions (Include pregnancy within 3 months of death) 469
Major findings:
Of operations .....
Of autopsy .....

Duration

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 .....
23. Signature Patrick E. Taylor Dep. Cor. (M. D. or other)
Address 1300 Clark Date signed 4-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. Warren A. Carver

Licensed Embalmer No. 3534

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.