

No. 300
1-10-47
5-17-39
I 3906

#79594
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 17809
Registrar's No. 4474

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County St. Louis
(c) City or town 26 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial 3437 Wharf
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James HENRY MARSHALL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11th
year 1948 hour 3 minute 10 A M.
21. I hereby certify that I attended the deceased from 11/17/47
to May 11th 1948
that I last saw him alive on May 11th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 9 Days 20
If less than one day hr. min.

Immediate cause of death Congestive Heart Failure -
Duration
Due to arteriosclerotic Heart Disease.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace England 4
(City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business
12. Name Unknown
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bengley
15. Birthplace England 4
(City, town, or county) (State or foreign country)
16. (a) Informant Eva Coats
(b) Address 3437 Wharf
17. (a) Burial (b) Date thereof 5-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral home Roland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAY 23 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature J. F. Braddock (M.D. or other) 5/18/48
Address 1515 Lafayette Date signed

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 Ronald Olfshurke

Licensed Embalmer No. 3927

P.O. Address St Louis, Missouri

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.