

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17812

FILED JUN 12 1948

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5141

1. PLACE OF DEATH:
(a) County
(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:
City Infirmiry Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-24-45 to 6-2-48
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo, Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Marston
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2,
year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 5,
24, 1945, to June 2, 1948.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Separated
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased. May 23 1861
(Month) (Day) (Year)

that I last saw h. im alive on June 2, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death
Bronchopneumonia

8. AGE: Years Months Days If less than one day
87 0 1 hr. min.

Due to Anteroseptal heart disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy same

9. Birthplace England (City, town, or county) (State or foreign country)
10. Usual occupation N11

PHYSICIAN
*Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Engaand
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmiry Records
(b) Address 5800 Arsenal Street
17. (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.

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?

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) J. J. Broad (Registrar's signature)
(Date received local registrar) 1948

While at work? (Specify type of place) (e) Means of injury
23. Signature W. C. Lewis (M.D. or other)
Address 5600 Arsenal Date signed 6-3-48

WRITE PLAINLY—USE 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 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.