

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

88
306

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21724
Registrar's No. 1498 1494

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manchester 16
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Nursing Home 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Elizabeth Marshall

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife John Marshall

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>24</u>	hr. _____ min. <u>0</u>

9. Birthplace Minersmott, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Hermen Offer

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Marshall

(b) Address 8609 Riverview Blvd.

17. (a) Burial (b) Date thereof 6/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) 6-16-48 (b) Carol J. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1948 hour 6:25 PM minute P M.

21. I hereby certify that I attended the deceased from June
1948, to June 15, 1948
that I last saw her alive on June 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute cardiac failure 7 days
Ch. myocarditis

Due to diabetes mellitus

Due to 61

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.

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) (e) Means of injury 0

23. Signature Ch. Deery (M. D. or other) MD

Address Creve Coeur, Mo Date signed 6-15-48

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 William E. Buchholz

Licensed Embalmer No. 2110 C

P. O. Address. St. Louis 4

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.