Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1003 1. PLACE OF DEATH: (a) County ST_LOUIS MO (b) City or town ST_LOUIS MO (c) Name of hospital or institution: ST_MARY 15: HOSPITAL INSECTION (C) City or town limits, write "RURAL" and assess of township) (d) Length of stay: In hospital or institution. ST_MARY 15: HOSPITAL INSECTION (Specify whether the hospital institution, wide steel stamper or Capacity (If rarel, sire location) (d) Length of stay: In hospital or institution. (Specify whether years, manhe or day) 3. (a) PRINT IOLA MARS N. 3. (b) If veteran, name war No. (b) Name of husband or wite Husband (c) Age of husband or wife if Earl J. Marsh. (c) City or town Married, (c) Citizen of foreign country. 21. Hereby certify that I attended the deceased from minute Co. 1. Marsh. 22. DATE OF DEATH: Month Marsh. 23. (b) If veteran, name war No. 24. See Femal 2 5. Color or race COL, divorced Married, divorced Married, divorced Married, since the day of husband or wife if Earl J. Marsh. 25. Eirth date of deceased Oct 10. (Comm) Miss. (C) City or town Married, or town limits, write "RURAL" (c) City or town Married, and stated above. (C) City or town Married, since location (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married, since location (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married, since location (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married, since location (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married, since location (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married (version of husband or wife if and that death occurred on the date and hogh stated above. (C) City or town Married (version of husband or wife if and that death	DEPARTMENT OF COMMERCE FILE BURRAU OF THE COMMERCE STANDARD CER	OF HEALTH OF MISSOURI RTIFICATE OF DEATH State File No. 24518.
(a) State (b) County ST-LOUIS MO (b) City or town (If outside city or town limit, write "RUNAL" and name of township) (c) Name of hospital or institution: ST MARY '83' HOSPITAL 1536 Papin St (floot is basplet for institution. SST MARY '83' HOSPITAL 1536 Papin St (floot is basplet for institution. (General Runal County) In this community years, meether of says) 3. (a) PRINT Iola Marsh. 3. (b) H veteran, name war No. (b) Name of husband or wife Femal 2 S. Color or race COL, (Moscill) (A) Social Security No. (B) Name of husband or wife (A) Social Security (C) Citizen of foreign country? (C) Citizen of foreign	. 940	District No. 1003 Registrar's No. 6875
In this community years, mach or days) 3. (c) PRINT FULL NAME 3. (c) Social Security No 4. Ser Femal 2	(a) County ST LOUIS MO (b) City or town (If outside city or town limits, write "RURAL" and name of townsh (c) Name of hospital or institution: ST MARY 18: HOSPITAL 1536 Papin (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(a) State (b) County (c) City or town (for outside city or town limits, write "RURAL") (d) Street No. #305 (If rural, give location)
3. (b) If veteran, name war. 3. (c) Social Security No. 21. I hereby certify that I attended the deceased from minute 20 f. M. 22. I hereby certify that I attended the deceased from minute 20 f. M. 23. I hereby certify that I attended the deceased from minute 20 f. M. 24. Ser Femal 2	In this community	1
47. 9. 28. hr. min. 9. Birthplace Leeflorial Miss. 10. Usual occupation (House Wife.) 11. Industry or business 12. Name. James Neal. 13. Birthplace Unknown. Miss.	3. (a) PRINT FULL NAME Iola Marsh. 3. (b) If veteran, name war. 4. Sex Femal 2 5. Color or race COL, name of husband or wife. Husband (c) Age of husband or war alive.	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Aug day 32 Married, burried, and serviced, and that I last saw had alive on and that death occurred on the date and hour stated above. Duration Duration
9. Birthplace Leeflorial Miss. (City, town, or county) (State or foreign country) 10. Usual occupation (House Wife) 11. Industry or business (Include pregnancy within 3 months of death) Major findings: Of operations Underline the cause to the cau	47 0 0	min Fracture left Numerus onth.
Major findings: Of operations Underline Chapter Unknown Miss Chapter Cha	(City, town, or county) (State or foreign county) 10. Usual occupation (House Wife.)	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Aucenda Madin, Name Unknown 15. Birthplace (City, town, or cound) 16. (a) Informant Earl J Marsh (b) Address 4305 Corebrillant St (b) Address 4305 Corebrillant St (b) Date thereof 8 7 48 (City or town) (County) (State)	12. Name James Neal 13. Birthplace Unknown Miss 14. Maiden name Luckenda Madin Name Unk 15. Birthplace Unknown 16. (a) Informant Earl J Marsh (b) Address 4305 Corabrillant St 17. (a) Burial (b) Date thereof 8/7/4 (Burial, cremation, or removal)	Major findings: Of operations Underline the cause to which death should be charged statistically. 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)
(c) Place: burial or cremation to the flavor. 18. (a) Signature of funeral director. Paymand J. Wolfer. (b) Address. 4453 Canfield Ave. 19. (a) Signature of funeral director. Paymand J. Wolfer. (b) Address. 4453 Canfield Ave. (c) Means of injury. (d) Means of injury. (M. D. or other) (Address foldy a castan line Date signed of the Statement on Reverse Side)	18. (a) Signature of funeral director Augusta 15. U.a. (b) Address 4453 Ganflell Avg. 19. (aAUG 5 1945 (b) (Beristrar a signature)	23. Signature Carlos Castan Cine Date signed 14/48

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by working under my personal supervision.

Signed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.