

FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24518
6875

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. MARY'S HOSPITAL, 1536 Papin St.
 (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

3. (a) PRINT
FULL NAMEIola Marsh.3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Female 5. Color or race COL. 6. (a) Single, widowed, married,
divorced Married.
 6. (b) Name of husband or wife Husband (c) Age of husband or wife if
Earl J. Marsh. alive _____ years
 7. Birth date of deceased Oct. 10 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47. 9. 23. _____ hr. _____ min.

9. Birthplace Leefflorial, Miss.
 (City, town, or county) (State or foreign country)

10. Usual occupation (House Wife.)

11. Industry or business

12. Name James Neal.
 13. Birthplace Unknown. Miss.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucenda, Madin, Name, Unknown.
 15. Birthplace Unknown. Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant Earl J. Marsh.
 (b) Address 4305 Cote Brillant, St.
 17. (a) Burial. (b) Date thereof 8/7/48.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director Raymond J. Wajer
 (b) Address 4453 Garfield Ave.
 19. AUG 5 - 1948 (b) J. B. Bredet
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 200
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 4305 Cote Brillant 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22d
 year 1948 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June
28 1948 to Aug 2 1948;
 that I last saw her alive on Aug 2 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Ca. of Pancreas Duration ?

Due to Fracture left Humerus with
(path.)
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
 Of operations _____

Of autopsy tumor pancreas, uninvited
fracture left Humerus
 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 _____
 23. Signature Earl J. Marsh (M. D. or other) _____
 Address 4464 1/2 Easton Ave Date signed 8/4/48

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.....

Triffie C. Cooper....., Registered Apprentice No. *305*
working under my personal supervision.

Signed.....

James H. Haskins
....., Licensed Embalmer No. *444*

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.

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