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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27814
7168
Registrar's No.

Registration District No. 318

Primary Registration District No.

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.
(c) Name of hospital or institution Hosp 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co.
(c) City or town St. Louis Mo.
(d) Street No. 1077 N. 25th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Marous Hight
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
5. Color White
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased January 22 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1948 hour 4:55 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 6 18 hr. min.

Immediate cause of death Edema of Brain
Arteriosclerotic Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Pulaski County Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Frank Hight
13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Polly Wilson
15. Birthplace Pulaski County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Koch
(b) Address Anna, Illinois
17. (a) Removal (b) Date thereof 8/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anna, Illinois.

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 V. C. Taylor (D. or other) _____
Address _____ Date signed 3

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 15 1948 (b) J. G. Brudick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1948

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 Ralph W Henson

Licensed Embalmer No. 3791

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.