

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28385
Registrar's No. 1577

FILED SEP 7 1948

Registration District No. 517

Primary Registration District No. 3063

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

3206

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 508 W. Ripa ave.
(If rural, give location)

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

3: (a) PRINT FULL NAME Fred L. Marchbanks

3. (b) If veteran, name war no

3. (c) Social Security No. 492-07-4445

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Marchbanks

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 10 1908
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1948 hour 1:00 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 |
| <u>40</u> | <u>3</u> | <u>2</u> | _____ hr. _____ min. |

Immediate cause of death suffocation

9. Birthplace Sikeston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

Due to sewer cave-in

11. Industry or business _____

12. Name Allen Marchbanks

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Cowell

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Due to 182'

Other conditions (Include pregnancy within 3 months of death) 11

16. (a) Informant Mrs. Lula Marchbanks

(b) Address 508 W. Ripa ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Aug. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

Major findings:
Of operations _____

Of autopsy no.

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

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 8-13-48 (b) Lula Marchbanks
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug. 12, 1948

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street

While at work? Yes (Specify type of place) _____
Means of injury Suffocation
Corner

23. Signature Edward J. Willmann (M. D. or other) _____
Address Clayton, Mo. Date signed 8/13/48

11/10/35

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 Harry J. Schaeffer
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.