

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38889

FILED DEC 4 1948

State File No. _____

Registration District No. 277

Primary Registration District No. 3068

Registrar's No. 2-199

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
7325 Bruno
(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 NAME ISAAC M MARSH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah C. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 28, 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 8 If less than one day
hr. _____ min. _____

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

10. Usual occupation Musician

11. Industry or business _____

12. Name Isaac Marsh
13. Birthplace Newark, N.J.
(City, town, or county) (State or foreign country)
14. Maiden name Angelina Martin
15. Birthplace Newark New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Marsh
(b) Address 7325 Bruno

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Delavan, Illinois

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) 11-6-48 (b) Paul J. Shepard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7325 Bruno
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th
year 1948 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from _____
to _____, 1948, to _____, 1948.
that I last saw him alive on Nov 5th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Hepatic cirrhosis
Hematemesis
Cardiac failure
Due to _____
Due to 124 lb

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)
(a) _____ (b) _____
23. Signature Halter & Gort (M. D. or other) _____
Address 6635 Delmad Blvd Date signed 11-6-48

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

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.....

H. E. Burger

Licensed Embalmer No.....

4029

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.