

No. 300-10.48

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15354

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD-BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO.</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOURBON R.R. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED a. (First) <u>MERTON</u> b. (Middle) <u>FIELD</u> c. (Last) <u>MARIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 7, 1916</u>	9. AGE (In years last birthday) <u>33</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>GASTON F. MARIN</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE MERTON</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. F.M. GILES</u>		ADDRESS <u>BOURBON RR 2</u>
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18. NO OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of LUNG</u>		INTERVAL BETWEEN ONSET AND DEATH? <u>6 mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1/3X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949 and that death occurred at 2:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Delaney MD</u> (Degree or title)	23b. ADDRESS <u>Sullivan, Mo.</u>	23c. DATE SIGNED <u>6/2/49</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>June 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Val Halla</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Am Eaton</u> ADDRESS <u>Sullivan, Mo.</u>	
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>751</u>		

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

6761 INOC

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Ployd W. Olson*

Licensed Embalmer No. *4344*

P. O. Address *Box 28 Sullivan 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.