

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22021**  
Registrar's No. **124812**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070**

1. PLACE OF DEATH a. COUNTY <b>Webster Groves St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. _____ b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>*****</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Co.</b>	
c. LENGTH OF STAY (in this place) <b>40 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>230 West Big Bend</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>230 West Big Bend</b>		d. STREET ADDRESS (If rural, give location) <b>230 West Big Bend</b>	
3. NAME OF DECEASED a. (First) <b>Maude</b>		b. (Middle) <b>E. Marshall</b>	
c. (Last) <b>Marshall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1949</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb 24 1877</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Lee County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. H. Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Anderson</b>	
14. NAME OF HUSBAND OR WIFE <b>M. H. Marshall</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>341-14-2423</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. J. K. B. Close</b>	
18. CAUSE 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis</b>  ANTECEDENT CAUSES -Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>acute Cardiac Dilatation</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>124893d</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 <b>July, 1937</b> , to <b>April, 1949</b> , that I last saw the deceased alive on <b>April, 1949</b> , and that death occurred at <b>4 P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Walter B. Gost (Degree or title)</b>		23b. ADDRESS <b>6635 Delmar</b>	
23c. DATE SIGNED <b>5-19-49</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>May 21, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas L. ...</b>	
DATE REC'D BY LOCAL REG. <b>5-21-49</b>		REGISTRAR'S SIGNATURE <b>...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b>		ADDRESS <b>...</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Jos. E. McCulloch*

Licensed Embalmer No. 2760

P. O. Address 6170 Delmar

**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.