

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22031

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1466

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Knoll Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>621 Graff Avenue</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dell</u> b. (Middle) <u>C.</u> c. (Last) <u>Marcellus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Nov. 10, 1866</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (State or foreign country) <u>Belle Plaine, Iowa</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Charles L. Marcellus</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eldred W. Marcellus, Ferguson, Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>ab</u> <u>8 yrs</u> DUE TO (c) <u>Arteriosclerosis</u> <u>ab</u> <u>1.5 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3317</u> <u>83</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) m.	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 <u>May 1, 1949</u> , to <u>June 20, 1949</u> , that I last saw the deceased alive on <u>June 17, 1949</u> , and that death occurred at <u>7:58</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Henry Rosenfeld M.D.</u>		23b. ADDRESS <u>3903 Olive St. St. L. (8)</u>	23c. DATE SIGNED <u>June 21, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>	

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 *R. M. White*.....

Licensed Embalmer No. *3973*.....

P. O. Address *Ferguson, 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.