

FILED JUL 13 1950

STANDARD CERTIFICATE OF DEATH

21795

State File No.

BIRTH NO. II2032. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5809

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		d. STREET ADDRESS (If rural, give location) <u>35400 Arsenal St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAISY</u>		b. (Middle)	
		c. (Last) <u>MARSHALL.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5/1950.</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	
8. DATE OF BIRTH <u>JAN. 14. 1882.</u>		9. AGE (In years last birthday) <u>68 yrs</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>EAST ST. LOUIS ILL. /</u>	
13a. FATHER'S NAME <u>FRANCIS. MISSEY.</u>		13b. MOTHER'S MAIDEN NAME <u>LETITIA. CHRISTOPHER.</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE MARSHALL.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERTHA DICKERMAN. 53958 Lafayette Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SQUAMOUS CELL CARCINOMA OF CERVIX GR III</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yr</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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>CHRONIC MALNUTRITION + DEHYDRATION</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>171X</u>	
22. I hereby certify that I attended the deceased from <u>JUNE 5, 1950</u> , to <u>JULY 5, 1950</u> , that I last saw the deceased alive on <u>JULY 5, 1950</u> , and that death occurred at <u>9:58 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edwin A. Schmidt M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/6/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY.</u>	
24d. LOCATION (City, town, or county) (State) <u>DE. SOTO MO.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Kusler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathushead DeSoto, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Andrew H. England

Signed.....
Student Embalmer

Licensed Embalmer No: 4745

P. O. Address De Soto, 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.