

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42581**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10246**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2159</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5 6112 Waterman Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lester</b> b. (Middle) <b>C.</b> c. (Last) <b>Marshall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-30--1950</b>	
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married /</b>	8. DATE OF BIRTH <b>3-25-1882</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engr.</b>	11. BIRTHPLACE (State or foreign country) <b>Rockville, Ind. /</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R. R.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Mayland W. Marshall</b>		13b. MOTHER'S MAIDEN NAME <b>Roda Hadley</b>	
14. NAME OF HUSBAND OR WIFE <b>Lynn Peggy Marshall</b>			
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. <b>702-14-0798</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. L. C. Marshall</b>		ADDRESS <b>6112 Waterman</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Posterior coronary infarction 11-26-50</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive cardiovascular 6-1-44+</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <b>443X</b>

22. I hereby certify that I attended the deceased from **4-1-44, 19**, to **11-30-50**, that I last saw the deceased alive on **11-23, 1950**, and that death occurred at **1:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Fred W. Clark</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>864 Hamilton Blvd. St. Louis 12 Missouri</b>	23c. DATE SIGNED <b>12-1-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>12-2-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>DEC 1</b>	REGISTRAR'S SIGNATURE <b>J. B. Karale</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. ...</b> ADDRESS <b>6175 Delmar</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1991 ET NWT

**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 Gas. S. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6170 Delma

**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.