

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10405

State File No.

FILED MAR 19 1951

Registrar's No. 2086

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2086	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5004 Miami				f. STREET ADDRESS (If rural, give location) 5004 Miami			
3. NAME OF DECEASED (Type or Print) Charles Anthony Marien			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 3-1-1951	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 8		IF UNDER 12 HRS. Days 24		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Director				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Indianapolis Ind. /	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Anthony Marien			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Elenor Marien	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Elenor Marien ADDRESS 5004 Miami	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral (Sub-Arachnoid) Hemorrhage					
		ANTECEDENT CAUSES					
		DUE TO (b) Hypertension - Artery DUE TO (c) Coronary Arteriosclerotic Heart Disease					
		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 200			
22. I hereby certify that I attended the deceased from Dec 5 , 1949, to Mar 1 , 1951, that I last saw the deceased alive on Mar 1 , 1951, and that death occurred at 8:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Raymond E. Doyle (Degree or title) D.M.D.				23b. ADDRESS 3102 1/2 S. Grand Blvd.		23c. DATE SIGNED Mar. 2 '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAR 5 1951		REGISTRAR'S SIGNATURE J. B. Sarsator		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec			

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

Miss

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.....

Jack Haupt

Signed.....

Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St Louis 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.