

STANDARD CERTIFICATE OF DEATH

State File No. 18358
5187

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8720	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 2205 Missouri Ave. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print)	a. (First) JULIUS	b. (Middle) L.	c. (Last) MARSHALL	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1951
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5. SEX Male	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1888	9. AGE (In years last birthday) 62	10. MONTHS 5	11. DAYS 21	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician	10b. KIND OF BUSINESS OR INDUSTRY Undertaking	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas A. Marshall	13b. MOTHER'S MAIDEN NAME Carrie Pettis	14. NAME OF HUSBAND OR WIFE Lillie G. Marshall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lillie G. Marshall	ADDRESS 2205 Missouri Ave. East St. Louis, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 3 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Polyp of Colon		
	DUE TO (c) Jaundice		
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 Carcinoma of Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 153X
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22. I hereby certify that I attended the deceased from 5/24, 1951, to 6/2, 1951 that I last saw the deceased alive on 6/2, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 822 Jefferson	23c. DATE SIGNED 6/5/51
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal	DATE June 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Alton Ceme	24d. LOCATION (City, town, or county) (State) Alton, Illinois
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DATE REC'D BY LOCAL REG. JUN 6 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Peoples Undertaking Co. 3100 Franklin
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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

Joel Russell

Signed.....

Student Embalmer

Licensed Embalmer No. *7112*

P. O. Address *Alton Ill.*

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.