

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10-48 FILED JUL 2-1951  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <b>162</b>		REG. DIST. NO. <b>162</b>		PRIMARY REG. DIST. NO. <b>5895</b>		Registrar's No. <b>41</b>	
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JEFFERSON</b>			
b. CITY OR TOWN <b>Rural Rock Township</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Arnold</b>		d. STREET ADDRESS (If rural, give location) <b>R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Box 86 R.R. #1 Beck Mo</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b> b. (Middle) <b>L.</b> c. (Last) <b>Marschel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1951</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Nov. 30, 1899</b>	
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Creve Coeur Mo.</b>	
11. BIRTHPLACE (State or foreign country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Coons</b>		13b. MOTHER'S MAIDEN NAME <b>Alvina Bill</b>	
13a. FATHER'S NAME <b>John Coons</b>		13b. MOTHER'S MAIDEN NAME <b>Alvina Bill</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Marschel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Marschel, Arnold, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crowning thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the breast</b> DUE TO (c) <b>C. meningitis to the lungs.</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X	
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) <b>ARNOLD Rock JEFFERSON Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <b>12:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ruth Jirca</b> (Degree or title)				23b. ADDRESS <b>101 Main St. Seward Mo</b>		23c. DATE SIGNED <b>6/16/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>June 19, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Creve Coeur, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 23 - 51</b>		REGISTRAR'S SIGNATURE <b>Ruth Jirca</b> <b>438</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KRIEGSHAUSER 4228 S. KING HIGHWAY</b>			

LESTERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 6-25-51

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 Richard W. Stoveran

Signed .....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

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.