

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24979

6407

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY 0				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 Missouri			c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves			4579				
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital				d. STREET ADDRESS (If rural, give location) 1001 Big Bend Rd.				1				
3. NAME OF DECEASED (Type or Print) a. (First) Emily			b. (Middle) _____		c. (Last) Marsh		4. DATE OF DEATH (Month) (Day) (Year) July 16 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6-1-1866		9. AGE (In years last birthday) 85 # UNDER 1 YEAR Months _____ # UNDER 1 HOUR Hours _____ # UNDER 1 MIN. Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) England			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Daniel Marsh			13b. MOTHER'S MAIDEN NAME Elizabeth Glover			14. NAME OF HUSBAND OR WIFE _____						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William A. Marsh					ADDRESS 1114 Kirkwood, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral aneurysm & hyp. Fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 years				
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) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X	
22. I hereby certify that I attended the deceased from July 12, 1951 , to July 16, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 5:45 A.m. , from the causes and on the date stated above.												
23a. SIGNATURE Malcolm B. Powell M.D.				(Degree or title)		23b. ADDRESS 6376 Clayton Road		23c. DATE SIGNED 7/16/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill		24d. LOCATION (City, town, or county) (State) Belleville, Ill.						
DATE REC'D BY LOCAL REG. JUL 18 1951		REGISTRAR'S SIGNATURE J. B. Looster				25. FUNERAL DIRECTOR'S SIGNATURE Walter A. ...				ADDRESS Belleville, Ill.		

(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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 13697

P. O. Address Willisville, Va

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.