

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39401

State File No. ....

FILED NOV 28 1951

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8674**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>	
c. LENGTH OF STAY (in this place) <u>3 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>53 Hill Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>William</u> c. (Last) <u>Marshall</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 51</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>1-6-42</u>		9. AGE (In years last birthday) <u>9 yrs.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Ronald Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Nelson</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ARMOND MARSHALL</u> ADDRESS <u>53 Hill, Dr. Glen.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Leucemia</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>20 H. 3</u>			
22. I hereby certify that I attended the deceased from <u>9-9</u> , 19 <u>51</u> , to <u>9-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>51</u> , and that death occurred at <u>12:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Don L. Shanon M.D.</u> (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED <u>9-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME, INC.</u> ADDRESS <u>23 W. LOCKWOOD AVE WEB. GR.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 1 1951</u>		REGISTRAR'S SIGNATURE <u>Ed. Smith M.D.</u>	

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 \_\_\_\_\_

*John J. Gaines*

Signed .....  
Student Embalmer.

Licensed Embalmer No. *4158*

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.