

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8853

No. 300  
10-48

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 19

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Jefferson  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo<br>b. COUNTY<br>Jefferson |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Rural Co. <del>St. Louis</del> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Central Township 0500                                      |  |
| c. LENGTH OF STAY (in this place)<br>40 Years  |  | d. STREET ADDRESS (If rural, give location)<br>Near Goldman  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|   |                           |   |                                       |   |  |
|---|---------------------------|---|---------------------------------------|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)  |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) |   |  |
| a. (First)<br>C.  | b. (Middle)<br>Louis      | c. (Last)<br>Marschel   | Feb.                                  | 26  | 1952                                     |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>Jan. 28 1872      | 9. AGE (In years last birthday)<br>80                     | 10. CITIZEN OF WHAT COUNTRY?<br>U. S. A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Farmer |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Farmer                       |                                       | 11. BIRTHPLACE (State or foreign country)<br>St. Louis Mo |  |

|   |  |                                      |  |   |  |
|---|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME<br>Frank Marschel  |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown |  | 14. NAME OF HUSBAND OR WIFE<br>Marie E. Marschel                      |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |  | 16. SOCIAL SECURITY NO.<br>None      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Marie Marschel Pevely Mo |  |

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>MEDICAL CERTIFICATION<br><i>Carcinoma Esophagus during health</i>                                       |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><i>Ch. Myocarditis</i> |  |                                  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                               |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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)<br><i>Jefferson Mo</i>              |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |  | 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 1948 to 5/26, 1952, that I last saw the deceased alive on 7/26, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><i>O. Keith M.D.</i>    |  | 23b. ADDRESS<br><i>Beverly Mo</i>                            |  | 23c. DATE SIGNED<br>7/27/52                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial         |  | 24b. DATE<br>Feb. 28 1952                                    |  | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Paul Cemetery |  |
| 24d. LOCATION (City, town, or county) (State)<br>Antonia Mo |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Kathleen Marscher</i> |  | ADDRESS<br>Heiligtag Funeral Home Antonia Mo.           |  |
| DATE REC'D BY LOCAL REG.<br>2-27-52                         |  | REGISTRAR'S SIGNATURE<br>141                                 |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0500  
1

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED MAR 12 1952

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmer H. Halstead

Licensed Embalmer No. 3571

P. O. Address Kimmswick, 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.