

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10302

State File No.

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2286**

1. PLACE OF DEATH a. COUNTY _____		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 ... OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 21 days		d. STREET ADDRESS (If rural, give location) 19 4440 Lindell Blvd.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) NMN c. (Last) Marshutz			4. DATE OF DEATH (Month) (Day) (Year) March 10, 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1898		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Month Days		IF UNDER 6 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesmanager			10b. KIND OF BUSINESS OR INDUSTRY Bemis Bag. Co.			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME Charles Marshutz			13b. MOTHER'S MAIDEN NAME Margaret Glenville			14. NAME OF HUSBAND OR WIFE Dorothy Emma Marshutz		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 490-03-3814		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Emma Marshutz 4440 Lindell Blvd.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism; 2nd of pelvis, suffered in collision between taxicab operated by one Chas. Finster and car operated by one Chas. Ferguson, in which deceased was passenger - on Highway #67 in Rushville Ill about 3:15 pm						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		II. OTHER SIGNIFICANT CONDITIONS all passenger - on Highway #67 in Rushville Ill about 3:15 pm							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION July 14 1952 #12 Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rushville Ill	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 14 52 3 p.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 816 1/2 26	
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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 **7:19 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, M.D.			23b. ADDRESS Cherokee 1300 Crest			23c. DATE SIGNED 3.11.52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE March 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. MAR 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd.	
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(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.

Student Embalmer No.....

Signed Arnold W. Schoene.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3864.....

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.