

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33219

State File No. _____

FILED SEP 25 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8324**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Festus	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 411 S. Adams St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) F.	
c. (Last) Marshall		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1877
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR: Months 7 Days 15	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Custodian - P.P.G. Co	
11. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin F. Marshall		13b. MOTHER'S MAIDEN NAME Diana Scott	
14. NAME OF HUSBAND OR WIFE ✓			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Bernice Phillips		ADDRESS St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Hypertensive Heart		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Pleurisy & Effusion			
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 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? 443X			
22. I hereby certify that I attended the deceased from Aug 6 , 19 52 , to Aug 30 , 19 52 , that I last saw the deceased alive on 8-30 , 19 52 , and that death occurred at 3:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Walter G. Young (Degree of title) MD		23b. ADDRESS 2537 Market Station Mo	
23c. DATE SIGNED 9-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-14-52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
DATE REC'D BY LOCAL REG. SEP 3 1952		REGISTRAR'S SIGNATURE J. C. Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE R. Polite		ADDRESS Crystal City	

WRITE PLAINLY—USING UNFAADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Geentry R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.