THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33646

OCT 4 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2466

**1. PLACE OF DEATH**

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON

c. LENGTH OF STAY (in this place): [redacted]

d. FULL NAME OF HOSPITAL OR INSTITUTION: COUNTY HOSPITAL ~~Place of Death On Highway 41~~

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219

d. STREET ADDRESS (If rural, give location): 2232 A. Franklin Ave.

**3. NAME OF DECEASED** (Type or Print): a. (First) Mr. Otis b. (Middle) (LONNIE) P. c. (Last) Marshall

**4. DATE OF DEATH**: (Month) 9 (Day) 22 (Year) 1952

**5. SEX**: M

**6. COLOR OR RACE**: Col.

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 2 – 22 – 1929

**9. AGE** (In years last birthday): 23yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Labor

**10b. KIND OF BUSINESS OR INDUSTRY**: UNKNOWN

**11. BIRTHPLACE** (City and State or Foreign Country): Healna Ark.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Joseph Marshall

**13b. MOTHER'S MAIDEN NAME**: Maggie Wiggins

**14. NAME OF HUSBAND OR WIFE**: Donna Marshall

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 496-30-2662

**17. INFORMANT'S SIGNATURE OR NAME**: Joseph Marshall ADDRESS: 2232 A Frinklin Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) multiple fractures, internal

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) injuries and shock suffered in on collision of car he was

DUE TO (c) driving east in westbound lane of Highway #40 and car driven west in westbound lane by Rolla Bone

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** EB 1 4 4 26

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (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): Rural – St. Louis Co., Mo.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 9-22-52 6:45 Pm.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**21f. HOW DID INJURY OCCUR?**: Blunt Impact

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 _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Arnold J. Willmann, Coroner

**23b. ADDRESS**: Clayton, Missouri

**23c. DATE SIGNED**: 9-26-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE**: Sept. 27, 52

**24c. NAME OF CEMETERY OR CREMATORY**: Green Wood Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

**DATE REC'D BY LOCAL REG.**: 9-24-52

**REGISTRAR'S SIGNATURE**: Herbert R. Domke MD

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Gus Lowe 2930 Dickson Street.

S 2V (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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.