

STANDARD CERTIFICATE OF DEATH

State File No. **2768**

FILED FEB 26 1953

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1484**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1484	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips				d. STREET ADDRESS (If rural, give location) 1211 Montrose			

3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) _____		c. (Last) Marshall		4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1953		
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 29. 1884		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1000 Hours _____ Mts. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Ark		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME Ike Marshall.		13b. MOTHER'S MAIDEN NAME Lucy		14. NAME OF HUSBAND OR WIFE Lancy Marshall			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lancy Marshall, 1211. Montrose			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES As for the conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hearting of Atherosclerosis					
		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 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) 260X.			
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? _____			

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 **11:30 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Walter R. [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/6/53	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
		24d. LOCATION (City, town, or county) (State) St. Louis County MO			

DATE REC'D BY LOCAL REG. FEB 7 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO S J Watson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2769 Chestnut	
--	--	---	--	--	--

(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

S. J. Watson

Licensed Embalmer No. *269A*

P. O. Address

2769 Chouteau

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.