

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41702

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3040

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Pine Crest Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>S. Marlett</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 21, 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance</u>		11. BIRTHPLACE (State or foreign country) <u>Colombus, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>Jerritt Marlett</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>NANNIE S. MARLETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-07-5178A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Marlett</u>	ADDRESS <u>St. Louis</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		DUE TO (b) <u>Chronic Myocarditis</u>		<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>1 yr</u>
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 checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from 11-15, 1951, to 11/25, 1953, that I last saw the deceased alive on 11/20, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Theslie MD</u>	(Degree or title)	23b. ADDRESS <u>Kirkwood, Mo.</u>	23c. DATE SIGNED <u>11/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Memorial Cem. Marion County, Ind.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11/26/53</u>	REGISTRAR'S SIGNATURE <u>Robert B. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u>	ADDRESS <u>Kirkwood 22, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500  
10-48

4  
1916

**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 *William H. Fitzgerald*

Licensed Embalmer No. *0.4916*

P. O. Address *Wichita, 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.