

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43823
State File No.
11610
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11610			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bernard Nursing Home				e. STREET ADDRESS (If rural, give location) 17 1919 S. Grand (Saum Hotel)					
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta			b. (Middle) _____			c. (Last) Marbes			
4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1954			5. SEX Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH Oct 6 1876			9. AGE (In years less birthday) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10b. KIND OF BUSINESS OR INDUSTRY School			11. BIRTHPLACE (City and State or Foreign Country) Tipton Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Charles Marbes			13b. MOTHER'S MAIDEN NAME Don't Know			
14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Harry W. Long						ADDRESS 6020 Tennessee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic & Hypertensive heart disease				INTERVAL BETWEEN ONSET AND DEATH 16 years at least	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) _____					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from May 1938 to Dec. 20, 1954 , that I last saw the deceased alive on Dec. 5, 1954 , and that death occurred at 8:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert M. Smith M.D.				23b. ADDRESS 114 N Taylor				23c. DATE SIGNED 12/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Dec 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. DEC 21 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. ADDRESS 2201 S. Grand Blvd.				

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

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Dr R. Smith
114 N. Taylor

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.