

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6338**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1278**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY 2039	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis, Mo.,	
c. LENGTH OF STAY (in this place) 2 hours.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Incarnate Word Hospital.		e. STREET ADDRESS (If rural, give location) 3 6826 Smiley Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) MARGARET	c. (Last) HUNTER MARSH.	4. DATE OF DEATH (Month) (Day) (Year) Feb'y 11, 1955.
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Feb'y 27, 1897.	9. AGE (In years last birthday) 57.	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Sec'y.. Mo.	10b. KIND OF BUSINESS OR INDUSTRY Automobile Club.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Francis Vivian Hunter.	13b. MOTHER'S MAIDEN NAME Joesphine Ferguson.	14. NAME OF HUSBAND OR WIFE H. Frank Marsh.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-09-5918.	17. INFORMANT'S SIGNATURE OR NAME Vivian Wesselman,	ADDRESS #6826 Smiley Ave.,
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 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 checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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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 **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick P. Taylor Coroner	23b. ADDRESS 300 Clark	23c. DATE SIGNED 2.11.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crema tion.	24b. DATE 2/14/55.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.	24d. LOCATION (City, town, or county) (State) 7800 St. Charles Rock Road.
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DATE REC'D BY LOCAL REG. FEB 11 1955	REGISTRAR'S SIGNATURE J. Earl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons.	ADDRESS #7233 Delmar Blv'd.,
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* (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.....
Signature of Student Embalmer

Signed..... *Clarence H. Gmur*

Licensed Embalmer No..... *4011*

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.