

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27954**
6886
Registrar's No.

FILED SEP 1 1955

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____	
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		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 type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 3 6015 Elizabeth ave 2029		
3. NAME OF DECEASED (Type or Print)		a. (First) William	b. (Middle) A	c. (Last) Marshall	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1904	9. AGE (In years last birthday) 51 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) Barber		10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? 7		13a. FATHER'S NAME John Marshall		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Marie Marshall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ##		16. SOCIAL SECURITY NO. ##	
17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Marshall		ADDRESS 6015 Elizabeth			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Delerium Tremens			INTERVAL BETWEEN ONSET AND DEATH		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic & Acute alcoholism					
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 ? . . . 10		20. AUTOPSY? YES <input checked="" 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) 307X	
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 Aug. 2, 1955 , to August 5, 1955 , that I last saw the deceased alive on August 5, 1955 , and that death occurred at 4:55p. m. , from the causes and on the date stated above.					
23a. SIGNATURE William M. Balch, M.D.			23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 9/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetry	
24d. LOCATION (City, town, or county) (State) St Louis Mo					
DATE REC'D BY LOCAL REG. AUG 8 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 1841 Cass av	

S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *J. W. Rister*.....
Licensed Embalmer No. *398*

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.