

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3286

State File No.

FILED FEB 10 1956

BIRTH NO. 12144-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 217

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

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	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	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 <u>St. Mary Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3733 Lummia 2167</u>	
3. NAME OF DECEASED a. (First) <u>BABY</u> b. (Middle) <u>GIRL</u> c. (Last) <u>MARSHALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-23-56</u>
9. AGE (In years last birthday) <u>1</u> <u>5</u> <u>1</u> <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>		13a. FATHER'S NAME <u>Maurice Marshall</u>	
13b. MOTHER'S MAIDEN NAME <u>Margella Maloney</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maurice Marshall - as above</u>		ADDRESS	
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) <u>Born at 21 wks gestation</u> ANTECEDENT CAUSES <u>No known cause</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No known cause</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774x</u>	
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) m.		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 <u>birth 1-23, 1956</u> , to <u>1-23, 1956</u> , that I last saw the deceased alive on <u>1-23, 1956</u> , and that death occurred at <u>8:25 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Erwin T. Huber, MD</u>		23b. ADDRESS <u>No Theatre Bldg</u>	
23c. DATE SIGNED <u>1-24-56</u>		24. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
24b. DATE <u>1/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2879 Euclid</u>	
DATE REC'D BY LOCAL REG. <u>1-24-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>	

— 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 *Albert M. Marshall*.....

Licensed Embalmer No. *3071*.....

P. O. Address *M. Laub*.....

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.