

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6895**
Registrar's No. **1870**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS, MISSOURI**
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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL #1.**

e. STREET ADDRESS (If rural, give location) **25 821 Chestnut St. 225/0**

3. NAME OF DECEASED (Type or Print)
a. (First) **SUSIE (Susan)** b. (Middle) _____ c. (Last) **MARINE**

4. DATE OF DEATH (Month) (Day) (Year)
FEB. 17, 1956

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 6, 1881**

9. AGE (In years last birthday) **74** 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) **Bookkeeper**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Alpena City, Michigan**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Andrew Taylor**

13b. MOTHER'S MAIDEN NAME **Susan H. (Unknown)**

14. NAME OF HUSBAND OR WIFE **Joseph Marine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give year or dates of service) **Nil.**

16. SOCIAL SECURITY NO. **494-09-4375**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Joseph Marine, 821 Chestnut St.**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Epidermoid carcinoma of lung**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) **162X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-18**, 1956, to **2-17**, 1956, that I last saw the deceased alive on **2-17**, 1956, and that death occurred at **9:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Carl R. Quinn M.D.**

23b. ADDRESS **1515 LAFAYETTE AVE.** 23c. DATE SIGNED **2-17-56.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **2-21-56**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Pk. Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **FEB 21 1956**

REGISTRAR'S SIGNATURE **Carl R. Quinn**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington,**

(Licensed Embalmer's Statement on Reverse Side)

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

Mailed - file on formulary

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, ~~we~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Remelund*.....

Licensed Embalmer No. *428*.....

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.