

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18284**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4121**

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** c. LENGTH OF STAY (In this place) **31 yrs**
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 **4707 Thrush Avenue**
e. STREET ADDRESS (If rural, give location) **4707 Thrush Avenue** 20-10

3. NAME OF DECEASED (Type or Print)
a. (First) **William** b. (Middle) _____ c. (Last) **Marchant** 4. DATE OF DEATH (Month) (Day) (Year) **4 - 24 - 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED **MARRIED** 8. DATE OF BIRTH **9 - 20 - 1883** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Building** 11. BIRTHPLACE (City and State or Foreign Country) **England** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Marchant** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Beatrice Marchant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **489-09-3282** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Beatrice Marchant** ADDRESS **4707 Thrush**

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Edema of Brain due to metastases.** INTERVAL BETWEEN ONSET AND DEATH **10 days**
ANTECEDENT CAUSES DUE TO (b) **Carcinoma of Ethmoid + Sphenoid. 6-8 mo.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Senility 1998**

19a. DATE OF OPERATION **8-29-56** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of left Ethmoid + Sphenoid** 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) **St. Louis**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **8-5-55**, 19**55**, to **4-24-56**, 19**56**, that I last saw the deceased alive on **4-24-56**, 19**56**, and that death occurred at **2:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. H. H. Welch** 23b. ADDRESS **702 No. Belle** 23c. DATE SIGNED **4-25-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/27/56** 24c. NAME OF CEMETERY OR CREMATORY **Zion Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **APR 26 1956** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

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

Dr. Hooper W. Welch 11 - 12:30 Wed.
no Thur.

Mo. Theatre Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert R. Thompson*

Licensed Embalmer No. *42*

P. O. Address *St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.