

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18287

State File No. 4006
Registrar's No.

FILED MAY 25 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		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"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 8605 So. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		20190	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MARSHALL c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Apr. 23, 1906
9. AGE (In years last birthday) 49		10. IF UNDER 1 YEAR Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY McDonald Aircraft	
11. BIRTHPLACE (City and State or Foreign Country) Alton, Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James R. Marshall		13b. MOTHER'S MAIDEN NAME Martha Chaffron	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) No	
16. SOCIAL SECURITY NO. 493-07-1793		17. INFORMANT'S SIGNATURE OR NAME Fred Marshall, 8605 So. Broadway	
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) Adeno carcinoma of apex of right lung with metastases to brain, back ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) lung and left femur DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Agranulocytosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 18 months 3 days	
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 OCT 5, 1950 , to APRIL 21, 1956 , that I last saw the deceased alive on APRIL 20, 1956 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Eugene V. Kruschel M.D.		23b. ADDRESS 6200 Hoffman Ave	
23c. DATE SIGNED 4/23/56		24. BURNIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4/24/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. ADDRESS 17420 Michigan Ave.		25. ADDRESS	

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

Dr. F. Henschel
6200 Hoffman
12 to 4 Mon.

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 *W. G. Peterson*.....

Licensed Embalmer No. *37*.....

P. O. Address *720 M*.....

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.