

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

25426

State File No. ....

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>1661</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. LENGTH OF STAY (in this place) <u>4 mos.</u>		c. CITY OR TOWN <u>Ferguson 4009</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 St. Louis Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>325 St. Louis Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>MARSH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 24, 1887</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Moulder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John H. Marsh</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Vogelsang</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Starz Marsh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW #1</u>			16. SOCIAL SECURITY NO. <u>498-22-3205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillie Guittar, 325 St. Louis Ave.</u>				
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>Adenocarcinoma of Prostate &amp; Metastatic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
		ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>177X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Feb</u> , 19 <u>56</u> , to <u>7-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/3</u> , 19 <u>56</u> , and that death occurred at <u>5:50</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard H. Kies M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton</u>				23c. DATE SIGNED <u>7/9/56</u>	
24a. BURIAL, CREMATION, REGIONAL (Specify) <u>Burial</u>		24b. DATE <u>7-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-9-56</u>		REGISTRAR'S SIGNATURE <u>Herbert K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL, FERGUSON, MISSOURI</u>		ADDRESS			

(Licensed Embalmers' Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 E. Levan Province

Licensed Embalmer No. 3403

P. O. Address Jennings, Mo.

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.