

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

29753

State File No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>24 mo</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>		e. STREET ADDRESS (If rural, give location) <u>518 Pendleton St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Luaille</u>	a. (First)	b. (Middle)	c. (Last) <u>MARSHALL</u>	4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>17</u> (Year) <u>1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Apr. 1 - 1908</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leroy Jeff</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Tizer</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvester Marshall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>(Report later)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvester Marshall</u> ADDRESS <u>St. Louis Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>1 year</u> <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Regeneration</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-16, 1956, to 9-17, 1956, that I last saw the deceased alive on 9-17, 1956, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. O. Swan</u>	(Degree or title) <u>N.O.</u>	23b. ADDRESS <u>2 Mexico Ave</u>	23c. DATE SIGNED <u>9-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mont. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept-17-1956</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A B Wells</u> ADDRESS <u>Wellsville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 23 1966

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 *A.B. Wells* _____

Licensed Embalmer No. *1588*

P. O. Address *Hellville*

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.