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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

STATE FILE NUMBER 35878

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9374

1. PLACE OF DEATH
a. COUNTY City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12, Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6145 Washington Blvd Length of stay in Ib 40 yrs. 1/2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY City
c. CITY OR TOWN St. Louis 12, Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5630 Pershing Ave. (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MISS Middle IRENE Last ALMA MARBURGER

4. DATE OF DEATH Month Oct. Day 14, Year 1956

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH Jan. 24, 1900

9. AGE (In years last birthday) 56 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) Book-keeper (real estate)

10b. KIND OF BUSINESS OR INDUSTRY Oreon & R G Scott

11. BIRTHPLACE (City and state or country) Worden, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Marburger

14. MOTHER'S MAIDEN NAME Wilhelmina MFirley

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

16. SOCIAL SECURITY NO. 488-10-6057

17. INFORMANT Anne Marburger Address 6145 Washington Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma (Squamous cell)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Esophagitis & Stomach
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1998

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-23-56 to 10-14-56 and last saw her alive on 10-14-56
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. F. Hayden M.D. (Degree or title)

22b. ADDRESS 730 Hodiamont Ave.

22c. DATE SIGNED 10/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (auto)

23b. DATE Oct. 17, 1956

23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery

23d. LOCATION (City, town, or county) (State) Worden, Ill.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG. OCT 15 1956

26. REGISTRAR'S SIGNATURE Earl Smith MD MDB.

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. F. Hayden
730 Hodiamont
Pa. 1 7201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 24

P. O. Address 6175

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