

Health, Welfare  
Public Service

300  
7-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2933

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3933 N. 20th</i>		Length of stay in lb <i>12678</i>	d. STREET ADDRESS <i>3933 N. 20th</i>
Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <i>BARBARA ANNE MARSHALL</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>6</i> Year <i>1957</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT. 24 1955</i>	9. AGE (In years last birthday) <i>1</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>JOHN MARSHALL</i>		14. MOTHER'S MAIDEN NAME <i>GUADALUPE GUERRERO</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>JOHN MARSHALL 3933 N. 20th ST.</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho Pneumonia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Atrial Septal Defect of the</i>	
	DUE TO (c) <i>Heart</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>754.3</i>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at *4:30 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): *Joseph T. Jurek, 10th County Coroner* 3  
22b. ADDRESS: *1300 Clark*  
22c. DATE SIGNED: *1/8/57*

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>JAN. 9 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>
24. FUNERAL DIRECTOR <i>Thomas Kutas 2906 Gravois</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>JAN 8 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

(Licensed Embalmer's Statement on Reverse Side)

*mdb*

**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.....  
Licensed Embalmer No. 39

P. O. Address.....  
St. Louis

**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.**