No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 6449 Registrar's No. 1206

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 9yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 4208 Russell Blvd. 2179
e. STREET ADDRESS (If rural, give location) 4208 Russell Blvd.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ~~ST. LOUIS~~
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

3. NAME OF DECEASED (Type or Print)
a. (First) Florence b. (Middle) Olivia c. (Last) MARRAND

4. DATE OF DEATH (Month) (Day) (Year) February 4, 1957

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3 March 1889
9. AGE (In years last birthday): 67 — 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): house wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Modoc, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Winfield MARLEN
13b. MOTHER'S MAIDEN NAME: Mary KLEINEBERG
14. NAME OF HUSBAND OR WIFE: Victor Marrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Edw. Marlen — ADDRESS: 525 S. Main Dupo, Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260x
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2.6.57.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/7/57
24c. NAME OF CEMETERY OR CREMATORY: St. Leo's Church Cemetery
24d. LOCATION (City, town, or county) (State): Randolph County, Illinois

DATE REC'D BY LOCAL REG.: FEB 6 '57
REGISTRAR'S SIGNATURE: J. Earl Smith MD MJB.
25. FUNERAL DIRECTOR'S SIGNATURE: Harold A. Hashner
ADDRESS: Dupo, Illinois

(Licensed Embalmer's Statement 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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold Mashner

Licensed Embalmer No. 4621

P. O. Address Dupo, Illino

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