

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

318

1003

57 0 227 17
STATE FILE NUMBER

4924

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLAYTON 54452		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 40 MO. PAC. EMP. HOUS. ASSN.			Length of stay in lb			d. STREET ADDRESS (If outside, give location) 27 436 CARRSWOLD DR		
3. NAME OF DECEASED (Type or print) First GEORGE Middle WILLIAM Last MARRIOTT				4. DATE OF DEATH Month MAY Day 24 Year 1957				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 1, 1885 71		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 11 Days 23 IF UNDER 24 HRS.: Hours 11 Mins. 23		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL MANAGER			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) Browns, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George William Marriott				14. MOTHER'S MAIDEN NAME Ellen Botramel				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 702-16-6314		17. INFORMANT Address Mrs. Irene L. Marriott 436 Carrswold			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombosis Hypertensive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443x							INTERVAL BETWEEN ONSET AND DEATH 2 days several years	
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.) 443x					
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 April 29 1957 to May 24, 1957 and last saw not him alive on May 24, 1957 Death occurred at 12:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Clement J. Sullivan A.D.				22b. ADDRESS Mo. Pac. Emp. Hous. Assn.		22c. DATE SIGNED 5-25-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) ? Removal		23b. DATE 5/27/57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			23d. LOCATION (City, town or county, State) St. Louis county, Mo.		
24. FUNERAL DIRECTOR C. R. LUPTON & SONS 7233 Delmar				25. DATE RECD. BY LOCAL REG. MAY 27 '57		26. REGISTRAR'S SIGNATURE Karl Smith MD <i>m83</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Clarence H. Murray*

Licensed Embalmer No. *41*

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.