

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016156
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4178**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in lb 91	d. STREET ADDRESS 625 Skinker Blvd. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN		First N Middle N Last MARSHALL	4. DATE OF DEATH Month Apr Day 11 Year 1958
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 May 21, 1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Board Chairman-Granite City Steel Co.		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Board Chairman-Granite City Steel Co.		10b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (City and state or country) Pittsburg, Pennsylvania
11. BIRTHPLACE (City and state or country) Pittsburg, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles D. Marshall		14. MOTHER'S MAIDEN NAME Dora Noble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW - I 171-09-5948	17. INFORMANT Mrs. John N. Marshall 625 Skinker

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) Coma - Coma Cerebro thrombosis; progressive		INTERVAL BETWEEN ONSET AND DEATH 18 hours
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral thrombosis, progressive arteriosclerotic vascular disease	10 days
		DUE TO (c) Arteriosclerotic vascular disease	years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) carcinoma of lung, left post-operative Carcinoma of lung, left post-operative		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Give nature of injury in Part I or Part II of item 18.) 332XH	
20c. TIME OF INJURY Hour 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 4/11/58 to 4/15/58 and last saw her/him alive on 4/15/58 Death occurred at 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard W. Yore (Degree or title) M.D.		22b. ADDRESS 4952 Maryland Avenue	22c. DATE SIGNED 4/16/1958
23a. BURIAL CREMATION removal	23b. DATE 4-17-58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. APR 16 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embolmer's Statement on Reverse Side)

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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MARSHALL

Will call about coming
by to me you -

M. Perkins always.

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 *Clarence A. Murr*

Licensed Embalmer No. *40*

P. O. Address *A. Lewis*

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.