THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020141

STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3314

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LUKE'S HOSPITAL — Length of stay in 1b 9 days | d. STREET ADDRESS (If outside, give location) 5351 Delmar Blvd. MASONIC HOME — Reside on Farm Yes ☐ No ☐ |

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|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: MARVIN | Middle: A | Last: SECREST | 4. DATE OF DEATH | Month: 5 | Day: 18 Year: 1958 |
| 5. SEX: M O | 6. COLOR OR RACE: W | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: Oct. 25, 1879 | 9. AGE (In years last birthday): 78 | 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): Filling Station (ret.) | 10b. KIND OF BUSINESS OR INDUSTRY: Filling Sta. | 11. BIRTHPLACE (City and state or country): Zanesville, Ohio. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME: John Secrest | 14. MOTHER'S MAIDEN NAME: Margaret Sleeth | | | | | |
| 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: Robert B. Secrest, Address: 4963 Rosalie Av. | | | | |

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) Acute renal failure — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of stomach - operative trauma — 30½ hours

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerosis generalized 151 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 5-9-58, to 5-18-58 and last saw ~~her~~ him alive on 5-18-58

Death occurred at 1215 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title): J. Worvester, MD. | 22b. ADDRESS: 5535 Delmar Blvd. | 22c. DATE SIGNED: 5-18-58 |

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|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): removal | 23b. DATE: 5/21/58 | 23c. NAME OF CEMETERY OR CREMATORY: Zions Cemetery | 23d. LOCATION (City, town, or county) (State): St. Louis County, Mo. |

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|---|---|---|
| 24. FUNERAL DIRECTOR ADDRESS: Drehmann-Harral, 1905 Union Blvd. | 25. DATE RECD. BY LOCAL REG.: MAY 20 '58 | 26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. I.P. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually 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 en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thom

Licensed Embalmer No. 4

P. O. Address St. Ja

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.