

XC-1 439 179
CF: St. Louis, Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020544
STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1478

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1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSP.		Length of stay in lb 123 DAYS	d. STREET ADDRESS (If outside, give location) 3867A BLAINE AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LESTER Middle Last MARSHALL		4. DATE OF DEATH Month JUNE Day 1 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 2-8-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Hosp.	11. BIRTHPLACE (City and state or country) OGAMAW, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME DAVE MARSHALL UNKNOWN	
13b. MOTHER'S MAIDEN NAME JANE FRAKES UNKNOWN		13c. NAME OF DECEASED WIFE MELVIN MARSHALL (Nee Sneed)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. 498090813	17. INFORMANT Melvin Marshall , 3687a Blaine VA HOSPITAL RECORDS, JEFF. BRKS., MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE & CHRONIC BRAIN SYNDROME			INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200 DUE TO (c)			
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 type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <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. attended the deceased from 1-29-58 to 6-1-58 Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. OPPLER, M.D., Director Professional Svcs.		22b. ADDRESS VA Hospital, Jeff. Brks., Mo.	22c. DATE SIGNED 6/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/4/58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. 6-2-58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.

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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

Signed *Thomas R. Terwick*

Signature of Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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