

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023533
STATE FILE NUMBER
6753

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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| 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 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 27 Homer G. Phillips | | Length of stay in 1b 22/90 | d. STREET ADDRESS (If outside, give location) 3400 Delmar |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Herbert Douglas Marshall | | | 4. DATE OF DEATH Month Day Year 7 2 58 | | |
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| 5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 12-1895 | 9. AGE (In years last birthday) 63 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 11. BIRTHPLACE (City and state or country) Newport, Ark | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Samuel Marshall | 13b. MOTHER'S MAIDEN NAME Georgia Bennett | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.N. 31 | 16. SOCIAL SECURITY NO. | 17. INFORMANT * Nancy Hallaway 792 Euclid |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma | | INTERVAL BETWEEN ONSET AND DEATH undet. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Laeune's Cirrhosis | |
| | DUE TO (c) 581-1 | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pancreatitis, Subhepatic Hematoma | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 |
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| 21. I attended the deceased from 7-1-58 5:35A to 7-2-58 7:55A and last saw him alive on 7-2-58 Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE S. Q. Mason | (Degree or title) M.D. | 22b. ADDRESS 2601 Whittier Street | 22c. DATE SIGNED 7-3-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7-8-58 | 23c. NAME OF CEMETERY OR CREMATORY National CEMETERY | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo |
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| 24. FUNERAL DIRECTOR DR. Richard A. Glasgow | ADDRESS 2625 Glasgow | 25. DATE RECD. BY LOCAL REG. JUL 7 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *City*

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.