Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-038004

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9967

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis, Mo. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hosp. — Length of stay in Ib: 5 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: R. R. 2 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): near Arnold, Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: Norman R. Marler

4. DATE OF DEATH: Month Oct, Day 16, Year 1958

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: Mar. 10, 1930
9. AGE (In years last birthday): 28 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Glass Co.
11. BIRTHPLACE (City and state or country): Herculaneum, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Raney Marler
13b. MOTHER'S MAIDEN NAME: Catherine Swaringin
14. NAME OF HUSBAND OR WIFE: Joan Nee Laub

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes 1947-1950
16. SOCIAL SECURITY NO.: 486-32-0171
17. INFORMANT: Joan Marler Address: Arnold, Mo.

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): Lupus erythematosus disseminated — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 456x

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 ☒ NO ☐

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 9/9/58, to 10/16/58 and last saw him alive on 10/15/58
Death occurred at 12:25 A.M. 10/16/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Czebrinski M.D.
22b. ADDRESS: 3701 Grandel Sq
22c. DATE SIGNED: 10/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct 16, 58
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception Cem.
23d. LOCATION (City, town, or county) (State): Arnold, Mo.

24. FUNERAL DIRECTOR ADDRESS: Heiligtag --Imperial, Mo.
25. DATE RECD. BY LOCAL REG.: OCT 20 '58
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Arthur W. Herlington

Licensed Embalmer No. 3572

P. O. Address Imperial Mo

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.