

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019421

STATE FILE NUMBER

2 5269

FILED JUN 15 1959

Registration District No. Primary Registration District No.

Registration No.

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		c. CITY OR TOWN St LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2309 DIVISION		d. STREET ADDRESS (If outside, give location) 2309 DIVISION	
3. NAME OF DECEASED (Type or print) First Middle Last Stephan Marshall		4. DATE OF DEATH Month Day Year 5-29-59	
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-24-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Day 7 4 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY? MO, U.S.A	
13a. FATHER'S NAME Joseph Marshall		13b. MOTHER'S MAIDEN NAME ANNIE SUDAN	14. NAME OF HUSBAND OR WIFE LOTTIE MARSHA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	17. INFORMANT Address 4579 NETTIE BUSTIN ENRIGHT
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>204.4</i>			INTERVAL BETWEEN ONSET AND DEATH
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Enright</i> (Degree or title) 3		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-4-59	23c. NAME OF CEMETERY OR CREMATORY St PETERS CEM.	23d. LOCATION (City, town, or county) (State) St Louis Co. MO
24. FUNERAL DIRECTOR A F WALTON	ADDRESS 2207 Stoddard	25. DATE RECD. BY LOCAL REG. JUN 2 '59	26. REGISTRAR'S SIGNATURE Road Smith, M.D. S.P.

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *1423 N. TAYLOR*

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.