URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

60-008585

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2069

NDED

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 915 N GRAND ST LOUIS MO — Length of stay in 1b: 131 DAYS

c. CITY OR TOWN ST LOUIS — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2508 CLARA — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) — First: CHARLES — Middle: A. — Last: MARRS

4. DATE OF DEATH — Month: FEBRUARY — Day: 21, — Year: 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 12/11/77

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): DIEHLSTADT, MISSOURI

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILLIAM MARRS

13b. MOTHER'S MAIDEN NAME: MARTHA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE: MAGGIE MARRS (Marguret)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW

16. SOCIAL SECURITY NO.: 495-12-4354

17. INFORMANT: MAGGIE MARRS, 2508 CLARA ST LOUIS MO. — Address

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): CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 1½ YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
ARTERIOSCLEROTIC HEART DISEASE, BENIGN PROSTATIC HYPERTROPHY

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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. VA attended the deceased from 10/13/59, to 2/21/60 and last saw him alive on 2/21/60

Death occurred at 6:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: ROBERT SCROUD M.D. — (Degree or title): M.D.

22b. ADDRESS: VAH, ST LOUIS MO.

22c. DATE SIGNED: 2/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 2/24/60

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county): St. Louis County — (State): Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral, 1905 Union Blvd. — ADDRESS

25. DATE RECD. BY LOCAL REG.: FEB 23 1960

26. REGISTRAR'S SIGNATURE: Karl Smith M.D. M.E.B.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert R Thompson

Signature of Student Embalmer

Licensed Embalmer No. 425

P. O. Address St. Louis

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