URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009192
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 445

1. PLACE OF DEATH
a. COUNTY St; Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St; Louis Co. Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST Louis
c. CITY OR TOWN Elmwood, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 9718 Meeks (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Last Marlowe
4. DATE OF DEATH Month 2 Day 10 Year 60
5. SEX Male
6. COLOR OR RACE Col.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/1/75
9. AGE (last birthday) 84
IF UNDER 1 YEAR Months 10 Days 9
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St; Louis, Mo
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Jacob Marlowe
13b. MOTHER'S MAIDEN NAME Jennie Harris
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Marlowe Address 5218 Highland

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) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute & Chronic Pyelonephritis
DUE TO (c) Bladder neck Obstruction
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)
Generalized Arteriosclerosis
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. I attended the deceased from 2-8-1960, to 2-10-1960 and last saw ~~her~~ him alive on 2-10-1960
Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Morris Leslon M.D (Degree or title)
22b. ADDRESS Co. Hosp.
22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/13/60
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.
23d. LOCATION (City, town, or county) (State) 601 S. Brentwood
24. FUNERAL DIRECTOR Wright Funeral Home ADDRESS 3100 Easton
25. DATE RECD. BY LOCAL REG. 2-11-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Arthur L. Hellis

Signature of Student Embalmer

Licensed Embalmer No. 422 1

P. O. Address 3100 East

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.