

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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			Length of stay in 1b	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WALTER G. PHILLIPS HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4473 Lee Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAKIE Middle B. Last MARSHALL				4. DATE OF DEATH Month 3 Day 24 Year 61			
5. SEX FEMALE	6. COLOR OR RACE colored	7. MARRIAGE STATUS Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-24-18	9. AGE (last birthday) 42 YRS	IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) VICKSBURG, MISS U.S.A	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JAMES JOHNSON			13b. MOTHER'S MAIDEN NAME ESTELL SPEARS		14. NAME OF HUSBAND OR WIFE CHARLES MARSHALL		
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 Charles Marshall 4473 Lee			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Intra-cranial Hemorrhage. DUE TO (b) Contrib. Fractured Skull; suffered in fall in home on March 23, 1961. DUE TO (c) ACCIDENT							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)					PART III. If deceased was female was there a pregnancy in last 90 days. 904.0-21 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above					
20c. TIME OF INJURY? Hour a.m. p.m. Month, Day, Year 3-23-61			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ 545 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph M. Jefferson Deputy				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3-25-61	
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-28-61	23c. NAME OF CEMETERY OR CREMATORY NATH. Cem. JEFFERSON		23d. LOCATION (City, town, or county) (State) ST. LOUIS, CTY., MO			
24. FUNERAL DIRECTOR ADDRESS A.F. WALTON 2707 STODDARD			25. DATE RECD. BY LOCAL REG. MAR 28 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

BY AFFRUIT 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W. Jay

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.