

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3938**

STATE FILE NUMBER

FILED MAY 1 1961

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 5 hours	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 844 Wall St
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First EDNA Middle MARY Last MARSHALL			4. DATE OF DEATH Month April Day 22 Year 1961		
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/16/1913	9. AGE (last birthday) 47 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Missouri		11. BIRTHPLACE (City and state or country) U. S. A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME William Brandt			
13b. MOTHER'S MAIDEN NAME Irene Merkel		14. NAME OF HUSBAND OR WIFE Wilbert Marshall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Wilbert Marshall - 844 Wall St		

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 rectum - with metastases**

DUPLICATE: **Carcinoma of rectum with metastases**

INTERVAL BETWEEN ONSET AND DEATH
7 years

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

DUE TO (b) _____

DUE TO (c) _____

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.
 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 **August 1959** to **April 1961** and last saw her alive on **April 1, 1961**
Death occurred at **7:45 3:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
Sylvester A. Flotte (Degree or title) M.D.

22b. ADDRESS
8700 Riverview Blvd.

22c. DATE SIGNED
4/26/61

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

23b. DATE
April 26, 1961

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county)
Jefferson Barracks Missouri

24. FUNERAL DIRECTOR
BUCHHOLZ MORTUARY - 5967 West Florissant

25. DATE RECD. BY LOCAL REG.
APR 25 1961

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Willard J. Burckley

Licensed Embalmer No. 4554

P. O. Address St. Louis

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.