WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31195

File No. 8789

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. City Hospital St. Ward)

2. FULL NAME Thomas Marshall

(a) Residence. No. 4412a Clinton St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 23 1857

7. AGE: Years 72 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Williams Shease Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: James Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Sally Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT: City Hospital Information
(Address): City Hospital

15. FILED SEP 3 1930 19 Ray C Baker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1930, to Sept 6, 1930 that I last saw him alive on Sept 6 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Gangrene (Senile) of Left Foot [Amputation 9-5-30] (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia (duration) yrs. mos. 1 day

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: 4412a Clinton

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-5-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ben Margulow M. D.

9/6, 1930 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: Sept 9 1930

20. UNDERTAKER: Hannegan Abraham Co — ADDRESS: 4415 Washington

Marshall