

MAR 14 1938

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

4917  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Firmin Desloge Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John R. Marshall M.D. Union, Mo. St. WA Registered No. 1562  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
37 11 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheffield Ill

13. NAME John R. Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ia

15. MAIDEN NAME Tommie Logwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. Virginia Marshall Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb. 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles Brown Funeral Home 4911 Washington St.

20. FILED 19 Feb 14 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10-38 to 2-12-38 1938

I last saw him alive on 2-12-38 1938 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

Ophthal cellulitis Septicemia Beginning meningitis  
*caused by*  
*simple*

Date of onset  
2-10-38  
2-11-38  
2-11-38

Other contributory causes of importance:  
Nasal vestibule infection 2-9-38

Name of operation none Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) W.E. Sauer M. D.  
(Address) 3720 Washington St.

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.

STATEMENT BY LICENSED EMBALMER

I, ELTON T. H. TREMELIUS, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Elton T. H. Tremelius

Licensed Embalmer No. 3154

**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.)**