REC'D OCT 6 1938

12 1938

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

33231
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton
(d) Street No. St. Louis County 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.

Registration District No. 784
Primary Registration District No. 101
Registered No. 1490

2. PRINT FULL NAME William Theron Mars
(a) Residence, No. 509 Kingsland Ave. U-C St. 620
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Investment Banker
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) Sept. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sero Gordo, Ill. 1

FATHER
13. NAME John Mars. 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John T. Mars
(ADDRESS) Carbondale, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Sept. 12, 19 38

19. FUNERAL DIRECTOR Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED SEP 19 1938 T. R. Meyers M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.35AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by auto-truck while a pedestrian on a public highway.	9/9/38
Other contributory causes of importance:	
Fracture of the skull	9/9/38

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/9/38
Where did injury occur? University City, Mo.
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Struck by auto-truck
Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) John L. Lowell M. D.
Coroner of St. Louis County, Mo.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

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, J Wm Binkley, Licensed Embalmer No. 3653

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J Wm Binkley

Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)