No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29708

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1621

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 28 West Jackson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES (If outside city or town limits write "RURAL")

(d) Street No. 28 WEST JACKSON RD. (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME THIRZA CHENERY MARSHALL

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAY P. MARSHALL

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased NOVEMBER 2 1889 (Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 22 If less than one day hr. min.

9. Birthplace INDIANAPOLIS (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER 12. Name EDWARD ALBERT CHENERY

13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER 14. Maiden name MAY SELLS

15. Birthplace INDIANAPOLIS (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant Jay P. Marshall

(b) Address 28 West JACKSON RD.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUG 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker Ind Co

(b) Address WEBSTER GROVES MO

19. (a) AUG 26 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24th. year 1940 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1936 to Aug 24, 1940, that I last saw her alive on Aug 23rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Hypertension	4 yrs.
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings: Of operations —

Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature [illegible] (M. D. or other) MD

Address 3500 Laurelridge Date signed 8/25/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Owen B Lang

Licensed Embalmer No. 1581

P. O. Address Webster Groves

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.)

If this body is not embalmed, above space should be left blank.