No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36953

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9226

FILED DEC 11 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town CITY OF ST. LOUIS. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1848 B. Madison St. ~~NONE~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 46 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County —

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")

(d) Street No. 1848 B. MADISON ST. (If rural, give location)

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

3. (a) PRINT FULL NAME JOHN L. MARSHALL. (MARSZELEWSKI.)

3. (b) If veteran, name war NONE.

3. (c) Social Security No. 493-07-8731.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased APRIL (Month) 13TH (Day) 1890 (Year)

8. AGE: Years 50 Months 6 Days 25 If less than one day — hr. — min.

9. Birthplace WILMINGTON. DELEWARE (City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER.

11. Industry or business SAMUEL SHOE Co.

MOTHER FATHER

12. Name THEODORE MARSZELEWSKI.

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

14. Maiden name JULIA CHORZELEWSKA.

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

16. (a) Informant Pearl Mutter

(b) Address 1834 Mullanphy St.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof NOV. 11TH 1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY.

18. (a) Signature of funeral director Brockland Und. Co.

(b) Address 1827 HOGAN ST.

19. (a) NOV 9 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1940 hour 7:34 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Athero-Sclerosis of Coronaries; Cardiac Hypertrophy;	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lieberman (M. D. or other)

Address Deputy Coro Date signed

(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 Guy W Wilkinson

Licensed Embalmer No. 13575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.