

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X34671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
STANDARD CERTIFICATE OF DEATH

18338

Registration District No. 318 Primary Registration District No. Registrar's No. 1600

1. PLACE OF DEATH:  
(a) County St. Louis mo  
(b) City or town St. Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
(Specify whether  
In this community 7 Days  
years, months or days)

3. (a) PRINT FULL NAME Marshall S. Douglas  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro  
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 May 14 - 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis mo. A  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank Douglas  
13. Birthplace Miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Gibson  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Douglas

(b) Address 3935 Cook Ave

17. (a) Burial (b) Date thereof 5-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Alvin Bros

(b) Address 3644 Finney Ave

19. (a) MAY 22 1946 (Date received by Registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11/7  
(d) Street No. 3935 Cook Ave (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1946 hour \_\_\_\_\_ minute 7 P. M.  
21. I hereby certify that I attended the deceased from May 14, 1946 May 21, 1946  
that I last saw him alive on 5-21-46, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Asuemed  
Due to Erythrobacteris Fetalis 7 day  
Duration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 161  
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 Asuemed  
23. Signature Wm Smiley (M. D. or other) 5/21/46  
Address 1001 N Jefferson Date signed

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

17210

**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.....

*Not Embalmed -*

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

working under my personal supervision.

Signed..... *Louis V. Atkins* .....

Licensed Embalmer No. *2842* .....

P. O. Address. *3644 Finley Dr*

**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.)**

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