XC # 165 06 83
REG # 15199
SL # 486

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11116

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2968

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN 915 N. GRAND, ST. LOUIS, MO.
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY SAINT CHARLES
c. CITY OR TOWN SAINT CHARLES
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1508 NORTH 4TH

D421

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) F.
c. (Last) MARSH

4. DATE OF DEATH (Month) (Day) (Year) 3-23-56

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 11-1-89
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country) SAINT CHARLES, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD MARSH
13b. MOTHER'S MAIDEN NAME MOLLIE VOLK
14. NAME OF HUSBAND/OR WIFE ELIZABETH MARSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: Appx 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Arteriosclerosis, Diabetes, ~~Acute Pulmonary Embolism~~ — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4 to 5 hrs 334x
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 3-20-56, 19____, to 3-23-56, 19____, ~~that I last saw the deceased alive~~, and that death occurred at 5:35 A m., from the causes and on the date stated above.

23a. SIGNATURE Hy F. Westphaelinger (Degree or title) M. D.
23b. ADDRESS VAH, ST. LOUIS, MISSOURI
23c. DATE SIGNED 3-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAR. 25. 1956
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY
24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.

DATE REC'D BY LOCAL REG. MAR 23 1956
REGISTRAR'S SIGNATURE Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE C. L. Prinster
ADDRESS St. Charles Mo
(Licensed Embalmer's Statement on Reverse Side)
PRINSTER-HUGHES FUNL. HOME INC.

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

APR 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... not embalmed ....., Student Embalmer No.....

working under my personal supervision.. C. L. Prinster St. Charles Mo.

Student..... Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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