MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-033900

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8905 STATE FILE NUMBER

FILED SEP 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1
2 8/20/72
3
4 0
5 1
6
7 0
8 1
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12 630
13
63

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: Cahokia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 240 St. John Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROY Middle HAMILTON Last MARSHALL
4. DATE OF DEATH: Month Sept. Day 1 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/18/14
9. AGE (last birthday): 49
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance
10b. KIND OF BUSINESS OR INDUSTRY: Bemis Bag Co
11. BIRTHPLACE (City and state or country): Richland, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Roy Talbot Marshall
13b. MOTHER'S MAIDEN NAME: Martha Ann Baughn
14. NAME OF HUSBAND OR WIFE: Mildred Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 407-05-5171
17. INFORMANT: Mildred Marshall Address: Cahokia, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute coronary occlusion — 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic coronary artery disease — 6 months
DUE TO (c): 420.4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1 Aug 62, to and last saw her/him alive on Aug 31 1963
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Fred Neese (Degree or title) MD
22b. ADDRESS: 4209 S Kingshighway
22c. DATE SIGNED: 4 Sept 63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/4/63
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Burial Park
23d. LOCATION (City, town, or county) (State): Belleville, Illinois
24. FUNERAL DIRECTOR ADDRESS: Kassly Cahokia Mortuary Cahokia, Ill.
25. DATE RECD. BY LOCAL REG.: SEP 4 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kenly III

Licensed Embalmer No. 5039

P. O. Address Cahokia Ill.

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

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