

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034514

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2486

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 23 1963

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2 days		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mother of Good Council Home, 6825 Natural Bridge		d. STREET ADDRESS (If outside, give location) 6023 Waterman Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET C. MARSH		4. DATE OF DEATH Month Day Year August 3, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-10-1875
9. AGE (last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Brantford Ontario, Canada		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Rodgers		13b. MOTHER'S MAIDEN NAME unk.	
14. NAME OF HUSBAND OR WIFE widow of Edward C. Marsh, Sr.		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No None		16. SOCIAL SECURITY NO. W. Rodger Marsh, 7191 Washington	
17. INFORMANT Edward C. Marsh, Sr.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Art sclerotic cerebral cordes posced			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Oct 17, 1944 to Aug 3, 1963 and last saw her ^{him} alive on Aug 3, 1963 . Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wayne O. Gorko M.D.		22b. ADDRESS 100 No Euclid	22c. DATE SIGNED 8-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-6-1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Stock Mortuary, 9825 Falls Ferry Rd.		25. DATE RECD. BY LOCAL REG. 8-5-63	26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.

1968-1969

Missouri

St. Louis

St. Louis

3 days

8025 Waterman Avenue

Member of Good Council
Home, 8825 National Bridge

August 8, 1968

MARCH

O.

MARGARET

8-10-1878

X

Temple

U.S.A. Ontario, Canada
Widow of

None

Honolulu

Edward G. Marsh, Sr.

None

Rodgers

W. Rodgers, Wash. D.C. Washington

None

None

no

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,

Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence O. Gentry

Licensed Embalmer No. 4979

P. O. Address Berkley, Mo.

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.

St. Louis, Missouri

8-8-1968

8825 National Bridge