

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037824

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9662

DO NOT WRITE ON THIS STUB AMENDED

FILED OCT 4 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4510 Alice Ave**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4510 Alice Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **AGNES MARSTALL**

4. DATE OF DEATH Month Day Year **September 25 1963**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/16/1880** 9. AGE (last birthday) **82 years**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Charles H. Engelmann** 13b. MOTHER'S MAIDEN NAME **Catherine Schmieder** 14. NAME OF HUSBAND OR WIFE **Bernard Marstall**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Bernard Marstall - 4510 Alice Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Infarction myocardium**
DUE TO (b) **Arteriosclerotic heart**
DUE TO (c) **Disease**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.0**
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 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 **Oct 14 1959** to **Sept 25, 63** and last saw her **9-6-63** alive on **12:30 P** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. J. Jesener** 22b. ADDRESS **206 Northland Med Bldg** 22c. DATE SIGNED **9-27-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **Sept 28, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR ADDRESS **BUCHHOLZ MORTUARY-5967 W. Florissant Ave** 25. DATE RECD. BY LOCAL REG. **SEP 27 1963** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON
12 30 PM

MISSOURI

1903

1903

1903

MISSOURI

x

St. Louis

14 years

St. Louis

x

1110 Alice Ave

x

1110 Alice Ave

22 1903

September

MARSHALL

ADAMS

12 years 8 months

white

female

St. Louis, Missouri U. S. A.

housewife

Bernard Marshall

Catherine Schneider

Charles H. Engelmann

Bernard Marshall - 1110 Alice Ave.

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,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter J. Beckler

Licensed Embalmer No. 4557

P. O. Address St. Louis

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.

MISSOURI

St. Louis

Cemetery

Sept 28, 1903

buried

BURIAL HOME - 207 W. FLORISSANT AVE

Handwritten signature