

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9967

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790 File No. _____
 2 Township Central Primary Registration District No. 6933 Registered No. _____
 7 City Clayton (No. St. Louis Co. Hospital) St. _____ Ward _____

2. FULL NAME Robert Parson
 (a) Residence, No. 43 S Elm St. _____ Ward. Webster
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Parson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 63

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 OCCUPATION (Porter) Santos 236

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Miss 2

FATHER 13. NAME Lewis Parson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Miss

MOTHER 15. MAIDEN NAME Abbie?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Mrs. P. H. Thaler, Webster 353 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-31 1932

19. UNDERTAKER (ADDRESS) W. S. Wade & Co. 4202 Finney Ave

20. FILED March 31, 1932 R. W. Fullerton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1932, to 3-28 1932
 I last saw him alive on 3-28 1932 Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Syphilis Harder
Aneurysm aorta
 Date of onset _____

Other contributory causes of importance:
Myocarditis

Name of operation 34 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. H. Thaler M. D.
 (Address) St. Louis Co. Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

APR 29 1932

