

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

Do not use this space.

NOV 9 1935

34514

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *6474*, Dale *4*)

File No.
Registered No. **8955**
St. Ward)

2. FULL NAME

Ellen Parrish
(a) Residence, No. *6474 Dale Ave* St., *4* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>late John Parrish</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 1 1849</i>		
7. AGE	YEARS <i>86</i>	MONTHS <i>6</i>
	DAYS <i>24</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>England</i>		
MOTHER	13. NAME <i>David Steele</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>	
	15. MAIDEN NAME <i>Elizabeth Smith</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>	
17. INFORMANT <i>David S. Parrish</i> (ADDRESS) <i>6474 Dale Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Matthews Church</i> DATE <i>10-28</i> 19 <i>35</i>		
19. UNDERTAKER <i>Ameyhousey</i> (ADDRESS) <i>4109 1/2 Manchester</i>		
20. FILED <i>25</i> 1935 19 <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 25* 1935

22. I HEREBY CERTIFY, That I attended deceased from *August 19th 1935* to *October 25* 1935
I last saw her alive on *October 24th* 1935. Death is said to have occurred on the date stated above, at *10:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset *about 2 yrs.*
13/
Other contributory causes of importance:
Bronchial Pneumonia 8 days
Name of operation *no* Date of
What test confirmed diagnosis? *urinalysis* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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) *Julius E. Blaigne* M. D.
(Address) *1202 S. Vandeventer Ave.*

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.

MARRIAGE RESERVED FOR BINDING

