

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No. Barnes Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 41835
Registered No. 11084
St. Ward)

2. FULL NAME Edward John Parsons

(a) Residence, No. 507 Oak St. St. NR Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Elizabeth Parsons</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1902</u>				
7. AGE	YEARS <u>33</u>	MONTHS <u>2</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General contractor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>construction</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1 - 1935</u>		11. Total time (years) spent in this occupation <u>1 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>				
MOTHER	13. NAME <u>alfred J. Parsons</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>			
	15. MAIDEN NAME <u>Georgina Bayant</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>				
17. INFORMANT <u>Elizabeth Parsons</u> (ADDRESS) <u>507 Oak St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>Dec 30</u> 19 <u>35</u>				
19. UNDERTAKER <u>Parker and Co</u> (ADDRESS) <u>Webster Groves</u>				
20. FILED <u>DEC 30 1935</u> <u>J.P. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-27- 1935 to 12-28- 1935
I last saw him alive on 12-28- 1935 Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis due to Strept. Viridans
Myocardial stenosis - regurgitation
Acute Pulmonary edema
Embolus to l. cerebrum

Date of onset 9-1-35

Other contributory causes of importance:
92

Name of operation 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? No
If so, specify
(Signed) John W. Sedden M. D.
(Address) BARNES 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.

