

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

19963
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **1403 N. 7th St.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Tony Parisi**

(a) Residence, No. **1403 N. 7th St.** St. **25**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Parisi**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
 10. Date deceased last worked at this occupation (month and year) **June 1937** 11. Total time (years) spent in this occupation **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Anthony Parisi**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Jennie Missaurata**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT (ADDRESS) **Mary Parisi**
1403 N. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** **June 6th, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Bernie Nickerson**
1138 N. 6th St.

20. FILED **JUN 9 1938**
J. T. Riebel
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 8, 1938, to death, June 2, 1938**
 I last saw him alive on **May 11, 1938**. Death is said to have occurred on the date stated above, at **9:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic Valvular Disease of Heart (Mitral Regurgitation)
Bronchial Asthma
 Date of onset **1930**

Other contributory causes of importance: **Bronchial Asthma 1930**

Name of operation Date of
 What test confirmed diagnosis? **Clinical** 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) **Edwin Sauter** M. D.
 (Address) **1231 No. 7th St.**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Larry White

Licensed Embalmer No. 2953

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.)