

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

1 X12004

9664
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.

REC'D SEP 9 1938

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

29990
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS - 1 Registration District No. 784
(b) Township JEFFERSON Primary Registration District No. 109 Registered No. 1431
(c) City MAPLEWOOD = (d) Street No. 7486 MAPLE AVE - 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 JOHN PARISON
(a) Residence, No. 7486 MAPLE AVE - St. (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 THERESA PARISON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 2 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BAKER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation. 17
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA - HUNGARY
13. NAME JOHN PARISON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA HUNGARY
15. MAIDEN NAME SUSIE SCHUETZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA-HUNGARY

17. INFORMANT THERESA PARISON
(ADDRESS) 7486 MAPLE AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE AUG 30, 1938
19. FUNERAL DIRECTOR Croghan Mtd. Co. Inc
(ADDRESS) 9146 MANCHESTER AVE
20. FILE AUG 29 1938 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 28 1938
22. I HEREBY CERTIFY, That I attended deceased from April 25 1938, to August 28 1938
I last saw him alive on August 28 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
1. Subacute Bacterial Endocarditis Date of onset Approximately March 1, 1938
2. Septicemia, streptococcus viridans
Other contributory causes of importance: 9/1/38
Name of operation _____ Date of _____
What test confirmed diagnosis? Blood Culture 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? No.
If so, specify _____
(Signed) J. D. Martin M. D.
(Address) 671 E. Big Bend White House Mo.

STATEMENT BY LICENSED EMBALMER

I, James A. Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No. 3565
working under my personal supervision.

Signed James A. Williamson

Licensed Embalmer No.....

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.)