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FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9232

Registration District No. 791

Primary Registration District No.

Registrar's No. 2642

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Days
(Specify whether years, months or days)
In this community 10 yrs.

3. (a) PRINT FULL NAME Robert Parrish

3. (b) If veteran, name war Unknown
3. (c) Social Security No. 494-09-7390

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased January 10, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 1 27 hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Vegetable Man

11. Industry or business Unknown

MOTHER FATHER
12. Name George Parrish
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ann Lee
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Jefferson Burial (b) Date thereof 2-10-41
(Method, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. R. Clayton
(b) Address 236 Clayton

19. (a) MAR 25 1941 (b) J. W. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 11
(d) Street No. Laclede Hotel 9
(If rural, give location) 528 Chestnut 0
(e) If foreign born, how long in U. S. A. ? .. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6,
year 1941 hour 9:25 minute A. M.

21. I hereby certify that I attended the deceased from February
10, 1941 to March 6, 1941
that I last saw him alive on March 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
Mitral and Aortic Stenosis.
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: None.
Of operations.....
Of autopsy None.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury.....
23. Signature James P. Murphy (M. D. or other)
Address 215 Lafayette Ave. Date signed 2/5/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.