

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

Registration District No. **784**

Primary Registration District No. **202**

Registrar's No. **762**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
 (b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Manchester Nursing Home.** *4*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **96**  
 (c) City or town **Flat Hill** **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **3**  
 year **1941** hour **11** minute **05 A.M.**  
 21. I hereby certify that I attended the deceased from **March 20**  
 19**41** to **April 3** 19**41**  
 that I last saw her alive on **April 2** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....	Duration
<b>Vremia</b>	<b>3-20-41+</b>
Due to <b>Chronic Nephritis</b>	<b>3-20-41+</b>
Due to <b>Arteriosclerosis</b>	<b>3-20-41+</b>
Other conditions <b>Large Dorsal Decubital Ulcer</b>	<b>3-20-41+</b>
<b>Chronic Myocarditis</b>	
Major findings: Of operations <b>Unhealed Fracture of hip - (old)</b>	
Of autopsy.....	

**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 **A. C. Campbell** (M. D. or other) **1941**  
 Address **1125 Hamilton** Date signed **4-5-41**

**3. (a) PRINT FULL NAME**

**Anna Mary Parr**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **5 0**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Aug. 1 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**79 8 2** hr. min.

9. Birthplace **Flat Hill Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business.....

12. Name **Peter Parr**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Amerine**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Parr**

(b) Address **Wentzville, Mo.**

17. (a) **Burial** (b) Date thereof **3/5/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flat Hill, Mo.**

18. (a) Signature of funeral director **T. E. Pitman**

(b) Address **Wentzville, Mo.**

19. (a) **APR 5 1941** (b) **T. R. Meyer**  
(Date received local registrar) (Registrar's signature)

**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 *Welford H Burnley*  
Licensed Embalmer No. *4202*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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