

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33257

Registration District No. 791 | Primary Registration District No. 1003 Registrar's No. 8212

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Brothers Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 mo. 19 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999  
(a) State. Indiana (b) County. 12  
(c) City or town. Mill Creek  
(If outside city or town limits, write "RURAL") 0 NR  
(d) Street No. ....  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? .....

3. (a) PRINT FULL NAME. Paris Parmley  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month. Oct. day. 14th  
year. 1941 hour. 8 minute. P. M.

4. Sex. Male 0 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Lillie 6. (c) Age of husband or wife if alive. 54 years

21. I hereby certify that I attended the deceased from Aug. 25, 1941, to Oct 14, 1941.  
that I last saw him alive on Oct 14, 1941.  
and that death occurred on the date and hour stated above.

7. Birth date of deceased. August 9 1865  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
76 2 5 hr. min.

Immediate cause of death. Cardiac Failure  
Terminal State  
Due to. Myocardial Infarction 5 days  
Lobar 15 days  
Due to. Acute Sanguinous  
Spontaneous 1 1/2 mo. 19  
Pleuritis & Stasis days  
Other conditions. ....  
(Include pregnancy within 3 months of death)

9. Birthplace. Illinois /  
(City, town, or county) (State or foreign country)  
10. Usual occupation. Farmer

Major findings: Acute Sanguinous  
Of operations. Spontaneous  
Of autopsy. 6  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business. ....  
MOTHER FATHER { 12. Name. Daniel Parmley  
13. Birthplace. Illinois /  
(City, town, or county) (State or foreign country)  
14. Maiden name. Eliza Hurley  
15. Birthplace. Illinois. /  
(City, town, or county) (State or foreign country)

16. (a) Informant. Lillie Parmley  
(b) Address. Mill Creek, Ind.  
17. (a) Removal (b) Date thereof. Oct. 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. LaPorte, Ind.

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? .....

18. (a) Signature of funeral director. J. N. Galtman, Linc. & Used Co.  
(b) Address. 2842 Meramec St.  
19. (a) OCT 15 1941 (b) J. J. Brudick  
(Received local registrar) (Registrar's signature)

23. Signature. J. J. Brudick (M.D. or other) 6/15/41  
Address. 3758 J. Brudick Rd Date signed

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.....

*Loron E. Percy*

Licensed Embalmer No. 4094

2842 Meramec St.  
P. O. Address..... St. Louis, Mo.

**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.**