. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4800

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1496

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: St. Anthony's Hospital
(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 Mo. (b) County 3. 000 13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6609 Lindenwood Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph M. Parsons

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Elizabeth Parsons

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

7. Birth date of deceased Jan. (Month) 1st (Day) 1869 (Year)

8. AGE: Years 73 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Monsanto Chemical Co.

11. Industry or business

FATHER
12. Name Unknown Parsons
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Arthur R. Parsons
(b) Address 6609 Lindenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year 1942 hour 5:15 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 24, 1941, to Feb 16, 1942, that I last saw him alive on Feb 15, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung (Right)	12/2492
Due to	
Due to Myocarditis acute chronic	12/2492
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma of Right lung	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Albert G. Bruce (M. D. or other)

Address 1841 S 12th Date signed 2/17/42

(Licensed Embalmer's Statement on Reverse Side)

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: Edwin D. MacDermott

Licensed Embalmer No. 3024

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.