S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12943

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3202

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: Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1314 Clara Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. Parsons.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Parsons.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 23, (Day) 1867. (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	1	hr. min.

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

10. Usual occupation Furniture Merchant.

11. Industry or business retired.

FATHER
12. Name Dont know.
13. Birthplace Dont know. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Parsons.
(b) Address 1314 Clara Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo.L.Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) APR 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-24 day
year 1942 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on 4-24- 19 42
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of Intestine (Strangulated Inguinal Hernia)	
Due to	
Due to Hemorrhage	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Cochran M.D. (M. D. ~~or other~~)
Address 1502 Union Bl. Date signed 4-25-42

(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 3454 David C. Gibson, Registered Apprentice No.....,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.