

FILED MAY 29 1943

Primary Registration District No. 6076

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

1. PLACE OF DEATH—

(a) County St Louis Mo
(b) City or town One Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6825 Natl Bidge Rd
(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 St Louis
(c) City or town One Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6825 Natl Bidge
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MINNIE E PARSON

3. (b) If veteran, name war. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased. (Month) (Day) (Year)

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

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name TIMOTHY T PARSON

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

14. Maiden name MARY UNKNOWN

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

16. (a) Informant Mr. Wm Light holder

(b) Address 412 Butler Bldg

17. (a) BURIAL (b) Date thereof 5/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director SULLIVAN Bros

(b) Address 2849 N. Euclid Ave

19. (a) 5-28-43 (b) C. D. Mc Lennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1943 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from 4-28 1943 to 5-26 1943
that I last saw him alive on 5-25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Nephritis, Chronic ?

Due to Arteriosclerosis, Gen. ?

Other conditions (Include pregnancy within 3 months of death) 131 hr

Major findings: Of operations none

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) none

(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 Nicholas Vitale (M.D. or other) MD

Address 3861 St Louis Ave Date signed 5/27/43

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.....

Albert Mayfield

Licensed Embalmer No.

3077

P. O. Address.....

Stoung Me

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.