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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12154

State File No. \_\_\_\_\_  
Registrar's No. 731

FILED APR 31 1944  
Registration District No. 31-1944

Primary Registration District No. 3069

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

1. PLACE OF DEATH:  
(a) County St. Louis.  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hosp.  
(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 Maplewood.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3123 Walter Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alois Parg.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-01-0359

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21  
year 1944 hour 11 minute 50 A. M.  
21. I hereby certify that I attended the deceased from March 15 1944 to March 21 1944  
that I last saw him alive on March 21 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Aug. 8, 1873  
(Month) (Day) (Year)

Immediate cause of death:  
Cor. Myocarditis Indefinite Duration  
Hypertension Indefinite  
Atherosclerosis Indefinite  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
70 7 13 hr. min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Myocarditis 1944  
Atherosclerosis

9. Birthplace Austria  
(City, town, or county) (State or foreign country)  
10. Usual occupation Iron Construction Work

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Parg  
(b) Address 3123 Walter Ave, Maplewood, Mo.  
17. (a) Burial (b) Date thereof Mar. 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul

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: Jay B. Smith.  
(b) Address 7456 Manchester, Maplewood, Mo.  
19. (a) MAR 27 1944 (b) E. G. McCarver, M.D.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature E. V. Wiley M.D. (M. D. or other) M.P.  
Address 322 E. Franklin Ave Date signed 3-28-44  
St. Louis

*Ed C. N. Wilcox*  
*3228 Swanhoe*  
*Li 2895*

APR 7 1944

NOV 3 1944

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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.