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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 6529

FILED AUG 8 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 100

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

**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:  
LUTHERAN HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
 In this community LIFE  
 years, months or days) (Specify whether)

**3. (a) PRINT FULL NAME** NETTIE PARSONS.

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife FRANK H. PARSONS 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Apr. 18th. 1881  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>7</u>	hr. _____ min.

9. Birthplace ST. LOUIS MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name ANTHONY HERZOG

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

14. Maiden name LOUISA VOGT

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

16. (a) Informant FRANK H. PARSONS  
 (b) Address 4036 CLEVELAND AVE

17. (a) BURIAL (b) Date thereof JULY 28, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAUREL HILL GARDENS

18. (a) Signature of funeral director Peetz Bros  
 (b) Address JUL 27 1944 9.7. Lafayette Ave.

19. (a) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County 17  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4036 CLEVELAND AVE.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25th.  
 year 1944 hour 9 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Feb 15  
 1944, to July 25, 1944  
 that I last saw him alive on July 25, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Uremia, Nephritis, Arteriosclerosis  
Cerebral Sclerosis ?

Due to Hypertension 2 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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) \_\_\_\_\_

(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 Edmund G. G. G. G. (M. D. \_\_\_\_\_)  
 Address 1504 So Grand Date signed 7-26-44

**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..... *Frank J. Durr* .....

Licensed Embalmer No. *2245* .....

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.**