

FILED JUN 19 1945
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John'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 **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4217 A. Gannett Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

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3. (a) PRINT FULL NAME

Frank G. Pariso

3. (b) If veteran, name war 3. (c) Social Security No. **488-09-9671**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **January 19 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 19 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sales Manager**

11. Industry or business **Anheuser-Busch Inc**

12. Name **Frank J. Pariso**

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

14. Maiden name **Caroline Weizel**

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

16. (a) Informant **Emma Quess**
(b) Address **4217 Gannett Ave**

17. (a) **Burial** (b) Date thereof **June 11th, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Zacharyman Bros.**
(b) Address **6409 Gravois Ave**

19. (a) **JUN 10 1945** (b) **J. F. Bruck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **June**
year **1945** hour **6:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 5**, 19**45**, to **June 8**, 19**45**,
that I last saw him alive on **June 7**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death **General Convulsions**

Due to **Cerebral Paresis**

Due to

Other conditions (Include pregnancy within 3 months of death) **H2g**

Major findings: Of operations

Of autopsy

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?

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

23. Signature **Carl H. H. H.** (M. D. or other)

Address **Shuboltz Bldg** Date signed **6-9-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....*Homeer Mc Inty*.....

.....Licensed Embalmer No. 3882.....

.....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.