

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1946
Registration District No. **3/7 1946**

Primary Registration District No. **6026**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Immaculate Heart Convent **5**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)
 In this community 70 Years

3. (a) PRINT FULL NAME Margaret A. Parle
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** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Dont Know 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>Dont Know</u>	<u>Know</u>	hr. _____ min. _____

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Andrew Parle
13. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Shean
15. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph A. Shea
(b) Address Creve Couer Mo.

17. (a) Burial Burial **(b) Date thereof** 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd

19. (a) 12-28-45 **(b)** CS. McManis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. **(b) County** St. Louis **96**
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 7626 Natural Bridge Road
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6-10 1945 to 12-24 1945
 that I last saw her alive on 12-23 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____
Coronary atherosclerosis **10da**
Chronic nephritis **131/2**
Due to Arterio sclerosis **10yr**
Due to Chronic nephritis **15yr**
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
 (2) Means of injury _____
23. Signature Arthur J. Donnell **(M. D. or other)** _____
 Address 340 Bermuda Ave Date signed 12-24-45

2301 1 706

AUG 8 1945

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.