

**FILED** FEB 20 1946  
318

Registration District No.

Primary Registration District No.

1003

1470

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:  
5949 Maple Avenue./  
(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 (12)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5949 Maple Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Christiana Parsons.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James B. Parsons. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 9, 1876.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name John E. Eisenburg.  
13. Birthplace Pennsylvania.  
(City, town, or county) (State or foreign country)  
14. Maiden name Christiana Macklin.  
15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James B. Parsons.  
(b) Address 5949 Maple Avenue.

17. (a) Burial (b) Date thereof 2-14-1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

19. (a) FEB 13 1946 J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th.  
year 1946 hour 1. minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 30 1946 to Feb 11 1946  
that I last saw her alive on Feb 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 1 hour

Due to Myocardial infarction 2400

Due to Dist. vessels

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).....  
Means of injury.....

23. Signature Arthur E. Stover (M. D. or other) 1946  
Address 579 N. Grand Date signed 2/11/46

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

6752

Dr. Arthur E. Strauss.  
Humbolt Building.  
Hours 1.30 to 5 P.M.  
Telephone Jefferson 6525

**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 *Clement McNeary*  
Licensed Embalmer No. *3732*  
P. O. Address *St. Louis*

**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.**