

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JUL 26 1948

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 6222

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:
Mo. Baptist 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..... Mo. (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4415 Margaretta Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Lawrence C. Parsons

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

4. Sex..... male 5. Color or race..... white

6. (a) Single, widowed, married, divorced..... 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 23 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 24 hr. min.

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

10. Usual occupation..... none

11. Industry or business.....

12. Name..... Roby Parsons

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

14. Maiden name..... Ruth Markel

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

16. (a) Informant..... Mrs. Hoover
(b) Address..... Childrens Home Society

17. (a) Burial (b) Date thereof..... 7-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles

18. (a) Signature of funeral director..... Drehmann-Harral

(b) Address..... 1905 Union Blvd.

19. (a) JUL 18 1948 J. F. Brueck
(Date recorded locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 9, 1946, to July 17, 1946 that I last saw him alive on July 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death..... Gastro-enteritis, cause unknown

Duration..... 10 hrs.

Due to.....

Due to.....

Other conditions..... 119
(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)
(e) Means of injury.....

23. Signature..... T. S. Zehrisley (M. D. or other) M.D.
Address..... 536 N. Taylor Date signed..... 7/8/46

Dr. T. Zahorsky,
536 N. Taylor Ave.

12:30 to 2

STATEMENT BY LICENSED EMBALMER

Not embalmed

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

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.