

No. 2  
12-45  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6789

FILED MAR 14 1948

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2358

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 HOSP  
(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 St Louis

(c) City or town ST. LOUIS Gardenville  
(If outside city or town limits, write "RURAL")

(d) Street No. 7740 BENMORE NR 96  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN PARMANTJE

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/4/47 day 10:50 P.M.  
year..... hour 10 minute 50 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased APRIL 13 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/27  
3/4/47, 19....., to....., 19.....;

that I last saw him alive on 3/4/47, 19.....;

and that death occurred on the date and hour stated above.

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

53 10 22 hr. .... min.

Immediate cause of death.....

Intestinal Obstruction due to strangulated Hernia right inguinal 1 day

Due to.....

Due to Cardiac Condition ?

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

10. Usual occupation COUNTER MAN

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Intestinal Obstruction

Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name MICHAEL PARMANTJE

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

14. Maiden name SYLVIA DEBARD

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

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 J. Lewis Hickey (M. D. or other) M.D.  
Address 3606 Gravois Date signed 3/6/47

16. (a) Informant ANNA PARMANTJE

(b) Address 7740 BENMORE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/7/47  
(Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. PETERY PAUL

18. (a) Signature of funeral director V.H. ZIEGENHEINYSORS

(b) Address 7027 GRAVOIS

19. (a) MAR 7 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78-2600

**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..... *Willard Peterson*.....  
Licensed Embalmer No..... *3747*.....  
P. O. Address..... *7027 Travis*.....

**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.**