V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40391

FILED DEC 8 1947

Registration District No. 317

Primary Registration District No. 3863

Registrar's No. 2469

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 - Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton 2 (If outside city or town limits, write "RURAL")
(d) Street No. Manchester & Lackett 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert D. Parlett
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M m
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive Died years
7. Birth date of deceased 3 (Month) 22 (Day), 1874 (Year)

8. AGE: Years 73 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Princeton (City, town, or county) illinois (State or foreign country) 1
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Dont know
13. Birthplace Dont know (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Dont know
15. Birthplace Dont know (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. W. West
(b) Address 1011 Grandview, Dr. Kirk
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave
19. (a) 12-1-47 (Date received local registrar) (b) Cecilia [illegible] (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from November 22, 1947, to November 25, 1947; that I last saw him alive on November 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	5 days
Due to Arteriosclerosis	?
Due to	?
Other conditions (Include pregnancy within 3 months of death) Arteriosclerotic Psychosis, Arteriosclerotic Art. Disease c̄ Auricular Fibrillation	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature B. M. Parramante (M. D. or other)
Address 601 Brentwood Blvd Date signed 11/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 McMeans

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.