No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7306

FILED FEB 24 1948

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 458

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's 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 Missouri (b) County JEFFERSON

(c) City or town PACIFIC, MO. RT. NO 3
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Clarence Eugene Parsons

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

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

4. Sex MALE

5. Color or race W

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 FEBR. (Month) 17 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. ..... min.

9. Birthplace ST. LOUIS COUNTY, MO. (City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name CLARENCE E. PARSONS, JR
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name CLARA M. WITTE.
15. Birthplace ST. LOUIS, (City, town, or county) MO. (State or foreign country)

16. (a) Informant CLARENCE E. PARSONS

(b) Address RURAL RT. NO 3, PACIFIC, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) 2-18-48 (Date received local registrar) (Registrar's signature) [signature] MD MSC

20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 11:00 minute A.M. M.

21. I hereby certify that I attended the deceased from 5:00 AM Feb. 17, 1948 to Feb. 17, 1948 that I last saw him alive on Feb. 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hyrdocephalis, Spinal Bifida

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 .....

23. Signature [signature] MD

Address 204 E. Big Bend Date signed 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Not embalmed,

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.