

FILED JUL 30 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25171

State File No.

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6310	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If rural, give location) W.R. 7350 Maple Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) E. PARENT		c. (Last) _____	
4. DATE OF DEATH July 19, 1949		4. DATE (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1872	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Joseph Parent		13b. MOTHER'S MAIDEN NAME Lydia Chambers	14. NAME OF HUSBAND OR WIFE Hertha Parent		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Joseph Parent ADDRESS 903 Dwyer Ave. Glendale Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion Uremic Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Fracture of Rt clavicle + 3 Thoracic Ribs			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 940		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	
22. I hereby certify that I attended the deceased from July 11 , 19 49 , to July 19 , 19 49 , that I last saw the deceased alive on July 18 , 19 49 , and that death occurred at 2:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE M.B. Rosenberg, M.D. (Degree or title)		23b. ADDRESS #209 1/2 Kingshighway		23c. DATE SIGNED 7-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/21/49	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JUL 20 1949		REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith ADDRESS 7450 Manchester Manlewood, Mo.		

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Ronald O. Yahnke

Licensed Embalmer No. _____

3917

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.