

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6591**
Registrar's No. **1055**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2167	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 16 - 4327 Wyoming St.			
3. NAME OF DECEASED (Type or Print) a. (First) Ewell		b. (Middle) G.		c. (Last) Parrish		4. DATE OF DEATH (Month) (Day) (Year) 1 - 31 - 1950	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Div. Supt.		10b. KIND OF BUSINESS OR INDUSTRY Street Railway		11. BIRTHPLACE (State or foreign country) Perry Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Thomas Parrish		13b. MOTHER'S MAIDEN NAME Emma Powell		14. NAME OF HUSBAND OR WIFE Zelma Parrish			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-01-1124		17. INFORMANT'S SIGNATURE OR NAME Zelma Parrish ADDRESS 4327 Wyoming St.			
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) Myocardial infarction with failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion, atherosclerosis. DUE TO (c) Coronary spasm. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs 12 hrs 3 wks	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 10, 1949 , to Jan 31, 1950 , that I last saw the deceased alive on Jan 31, 1950 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 4952 Maryland Ave		23c. DATE SIGNED 2/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2/2/50		24c. NAME OF CEMETERY OR CREMATORY Laddonia Mo.		24d. LOCATION (City, town, or county) (State) Laddonia Mo.	
DATE REC'D BY LOCAL REG. FEB 2 1950		REGISTRAR'S SIGNATURE J B Lassater		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.