

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28938**

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2901</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4002</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) 9 TOWN <u>Jo. Kinloch</u> <u>4091</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Cty. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>38 5th St.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>			b. (Middle)		c. (Last) <u>PARNELL JR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>13</u> <u>51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-16-1874</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Miss /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>ALBERT PARNELL</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Connie PARNELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James PARNELL Jo. Kinloch</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Bladder calculi</u> DUE TO (c) <u>177X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal Failure</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>7/29/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>8 Bladder calculi - Obstructing prostate</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-17, 1951</u> , to <u>8-13, 1951</u> , that I last saw the deceased alive on <u>8-13, 1951</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. Stevenson M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>8-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk.</u>		24d. LOCATION (City, town, or county) (State). <u>St. Louis Cty. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-14-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros Funeral Home</u>		ADDRESS <u>Jo. Kinloch</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Harry T. Bell
Student Embalmer

Signed

Edward A Flynn

Licensed Embalmer No.

4444

P. O. Address

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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.