

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3183
Registrar's No. 0880

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0880	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4024 North 20th street		d. STREET ADDRESS (If rural, give location) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis itv Hospital #1				d. STREET ADDRESS (If rural, give location) St Louis			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) PARRISH		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) JAN. 27, 1952		5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	
8. DATE OF BIRTH Dec 17, 1884		9. AGE (In years last birthday) 67		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) Barber		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ora Parrish			
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 Jean Parrish, 6203 Lennox ave.			
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) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease with Auricular Fibrillation DUE TO (c) Left Mid Thigh Amputation II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Embolus Left Femoral Artery				20. AUTOPSY? YES <input 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) _____ (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200					
22. I hereby certify that I attended the deceased from 12-14-51, 19____, to 1-27-52, 19____, that I last saw the deceased alive on 1-27-52, 19____, and that death occurred at 10:30 Pm., from the causes and on the date stated above.							
23a. SIGNATURE Jack Hilgers, M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-28-52	
24a. BURIAL/CREMATION REMOVAL (Specify) Burial		24b. DATE Jan 29, 52		24c. NAME OF CEMETERY OR CREMATORY West Frankfort, Illinois		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JAN 29 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Stone, West Frankfort, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Ben Hoffner*

Licensed Embalmer No. *1366*

P. O. Address *Ames IA*

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.