

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10410**
Registrar's No. **1916**

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1306 Sarsfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ransome b. (Middle) _____ c. (Last) Parmar		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 1952	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Separated	8. DATE OF BIRTH Jan. 2, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal dealer		10b. KIND OF BUSINESS OR INDUSTRY Coal	9. AGE (In years less birthday) 74 if UNDER 1 YEAR Months _____ if UNDER 6 HRS. Days _____ Mins. _____
11. BIRTHPLACE (State or foreign country) New Madrid, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Fred Parmar		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Amanda Parmar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Myrtle Combs ADDRESS 1529 Carver Lane	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Stomach		DUE TO (b) Undetermined		Undet.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None			

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) _____	
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? 151X	

22. I hereby certify that I attended the deceased from **2-4**, 19 **52**, to **2-21**, 19 **52**, that I last saw the deceased alive on **2-21**, 19 **52**, and that death occurred at **11:20am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larson W. Harris, M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 2-26-52	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-29-52		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 28 1952 Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 1221 N. Grand	
---	--	--	--

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 Clarence Adams.....

Licensed Embalmer No. 4755.....

P. O. Address 1251 N. 2nd St......

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.