

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8345

State File No.

FILED MAR 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>580</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYLAND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>UNKNOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYLAND HEIGHTS</u>		250	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 FEE FEE ROAD</u>				d. STREET ADDRESS (If rural, give location) <u>503 FEE FEE ROAD 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>PARROTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 16 - 53</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 31 1869</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John VINANT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>EDGAR H PARROTT DEC</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of weeks) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EARL PARROTT 503 FEE FEE RD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute CARDIAC FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>General Debility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>7824</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-16</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on <u>2-16</u> , 19 <u>53</u> , and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul R. Whitener M.D.</u>			23b. ADDRESS <u>8923 Millend Pt. (Lx) Mo.</u>		23c. DATE SIGNED <u>18 FEB 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OVERLAND MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE <u>Herkert R. Dombey M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Lillerman Overland Mo.</u>			

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

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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

Carl S. Pellegrini

Licensed Embalmer No. *350*

P. O. Address

Oakland 140070

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.