

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12123
State File No. 3261

FILED APR 4 1953

318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS 23 2628 McNair		0	
3. NAME OF DECEASED (Type or Print) William		a. (First) Frank		b. (Middle) Parentin	
c. (Last)		4. DATE OF DEATH 3 25 53		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-28-1897	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International Shoe Co	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME August Parentin	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Agnes Parentin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Agnes Parentin		ADDRESS 2628 McNair	
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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cancer of Large Bowel</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1-2 days 4 yrs	
19a. DATE OF OPERATION 3-20-53		19b. MAJOR FINDINGS OF OPERATION Cordotomy		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153 x	
22. I hereby certify that I attended the deceased from <u>3-18</u> , 1953, to <u>3-25</u> , 1953, that I last saw the deceased alive on <u>3-27</u> , 1953 and that death occurred at <u>8:25 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert W. Woodley</u>		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 3-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-27-53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>		ADDRESS Moydell Funeral Home 1926 Allen	

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. 421

working under my personal supervision.

Student George J. Lubold Jr.
Student Embalmer

Signed John A. Hammer

Licensed Embalmer No. 4533

P. O. Address. St Louis, Mo

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.