

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16084**
3878

FILED APR 23 1953

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 2mon (7days)		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood, 4713		d. STREET ADDRESS (If rural, give location) 408 W. Argonne Ave., 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bethesda General Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) A c. (Last) Parsons Parson			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 3, 1892	9. AGE (In years last birthday) 60yrs.	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Allen Alleman Penben		13b. MOTHER'S MAIDEN NAME Elizabeth Dryfuss		14. NAME OF HUSBAND OR WIFE James Parsons John D.			
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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Parsons Kirkwood, Mo. Mr. James Parsons 408 W. Argonne Ave., Dr.			
18. CAUSE OF DEATH (Enter only one cause for the (a), (b), and (c)) <i>This does not mean the mode of dying, such as pneumonia, asthma, etc. It means the disease which is the complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardiovascular disease					
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. PART 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? 443x			
22. I hereby certify that I attended the deceased from 2/5 , 19 53 , to 4/13 , 19 53 , that I last saw the deceased alive on 4/13 , 19 53 , and that death occurred at 10:50p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas W. Tanker				23b. ADDRESS St. Louis 4660 Maryland		23c. DATE SIGNED 4/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/14/53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. APR 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis H. Bopp, Inc. Kirkwood Mo.			

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

OCT 6 1964

OCT 7 1964

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Felix Renaud*

Licensed Embalmer No. 3034

P. O. Address Kirkwood 2222

Embalming

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 1608453

County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.....

On this 4th day of October, 1954, before me appears.....

Rolland H. Bopp, who, upon his oath, states that the original record of ~~marriage~~ death

for Eva A. Parson died April 13, 1953, in the State of

Missouri, and which was filed at St. Louis, Mo. on 4/14/ 1954, should be corrected as follows:

Item No. 3 should read Eva A. Parsons

Instead of Eva A. Parson

Item No. 13a should read Reuben Alleman

Instead of Rubin Alleman

Item No. 14 should read John D. Parsons

Instead of James Parson

Item No. 17 should read Mr. James Parsons, 408 W. Argonne Dr., Kirkwood, Mo.

Instead of James Parson, 408 W. Argonne Ave., Kirkwood, Mo.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louis H. Bopp, Inc. Funeral Dir.

Rolland H. Bopp Relationship.

131 W. Argonne Dr., Kirkwood, Mo.

Present Address.

Subscribed and sworn to before me this 4 day of October, 1954

My Commission expires December 1 - 1954 Amee E. Kiefa Notary Public.

1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960