

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32449

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2045

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) <u>Clayton</u>		c. CITY OR TOWN <u>Robertson</u>	
c. LENGTH OF STAY (If this place) <u>10 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		STREET ADDRESS (If rural, give location) <u>Road 1 - Box 75</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Partell</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>8</u> <u>23</u> <u>54</u>
-------------------------------------	------------------------	-------------	--------------------------	---------------------------------------	------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 15 - 1885</u>	9. AGE (In years last birthday) <u>68</u>	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) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pittsburgh Plate Old Mines, Missouri</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James Partell</u>	13b. MOTHER'S MAIDEN NAME <u>Noel LaChance</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>489-03-4100</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ma. Timan Partell</u>	ADDRESS <u>1139 St. Louis</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Confluent Bilateral Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>Parkinson's Disease for adv. (clinically)</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 8-9, 1954, to 8-26, 1954, that I last saw the deceased alive on 8-24, 1954, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cooper Day, M.D.</u>	(Degree or title)	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED <u>491X</u>
--	-------------------	---------------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/28/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8/25/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. Spence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Spence Funeral - Polaris</u>	ADDRESS
---	--	--	---------

WRITE PLAINLY—USE 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.....  
Signature of Student Embalmer

Signed *Murphy L. Sparks*

Licensed Embalmer No. *423*  
P. O. Address *St. Pat. Run*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.