

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42693  
State File No. ....  
11313  
Registrar's No. ....

FILED DEC 17 1954

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 wks		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 1314 Clara Avenue 2069				
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Bell c. (Last) Parsons			4. DATE OF DEATH (Month) (Day) (Year) 12 - 9 - 1954			
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 25 - 1 - 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Mc Dougna Co., Illinois		
12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Thomas A. Herring		13b. MOTHER'S MAIDEN NAME Josephine Detrich		14. NAME OF HUSBAND OR WIFE William H. Parsons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Howard G. Putnam, 1314 Clara Ave.		
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) Malignancy of left kidney  ANTECEDENT CAUSES Morbid 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. Malignancy of lungs - metastatic  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			INTERVAL BETWEEN ONSET AND DEATH? 1 year?  1 1/2 Mo	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180x		
22. I hereby certify that I attended the deceased from Nov. 1, 1954 to Dec. 9, 1954 that I last saw the deceased alive on 12-9-54, and that death occurred at 8:30PM, from the causes and on the date stated above.						
23a. SIGNATURE A. Steiner (Degree or title) MD			23b. ADDRESS 634 N Grand		23c. DATE SIGNED 12/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/13/54		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery St. Louis County Mo.		
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.				
DATE REC'D BY LOCAL REG. DEC 13 1954		REGISTRAR'S SIGNATURE [Signature]				

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.....  
Signature of Student Embalmer

Signed *Albert R. Thompson*.....

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.