

STANDARD CERTIFICATE OF DEATH

11229

State File No.

FILED APR 6 - 1956

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3223

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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</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>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>21 2932 Thomas St.</u> <u>22190</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Woodie</u>		b. (Middle) <u>NMN</u>		c. (Last) <u>Parchmon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-15--1906</u>	
9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Days <u>7</u>		11. IF UNDER 24 HRS. Hours <u>12</u> Min. _____		9. AGE (In years last birthday) <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Barnes Hospital</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Abedeen, Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>William Parchmon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Parchmon</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W.#2 492-01-6852</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Parchmon</u>				17. ADDRESS <u>2932 Thomas</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Dissecting Aneurysm of Aorta</u>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm of Aorta</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>		19. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____		20. INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>451x</u>				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) (m.) _____	
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 <u>March 25, 1956</u> , to <u>March 27, 1956</u> , that I last saw the deceased alive on <u>March 27, 1956</u> , and that death occurred at <u>7:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Vermillion M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>3/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3--31--56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 30 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Undertaking Co</u>		ADDRESS <u>2732 Pine</u>	

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 *James A. Carter*.....

Licensed Embalmer No. *76*.....

P. O. Address *A. Lane*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.