Health, Welfare Public Service

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FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-016660
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1049

**1. PLACE OF DEATH**
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): UniversityCity — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7162 Waterman Ave — Length of stay in 1b: 50 Yrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: University City 4006 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7162 Waterman Ave — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Margaret Middle: Strawn Last: Parman

**4. DATE OF DEATH** Month Day Year: April 14,1958

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
**8. DATE OF BIRTH:** 11/18/1877
**9. AGE** (In years last birthday): 80 — 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): House Wife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home
**11. BIRTHPLACE** (City and state or country): Albion,Illinois
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Halbert Strawn
**13b. MOTHER'S MAIDEN NAME:** Cassandra Harris
**14. NAME OF HUSBAND OR WIFE:** Dr.David R.Parman

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT** Address: Mrs John C.Warner 7162 Waterman Ave

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 6 mos.
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Oct 8 1957, to 14 APR 58 and last saw her alive on 13 APR 58
Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Richard Jones MD
**22b. ADDRESS:** 3720 Washington
**22c. DATE SIGNED:** 15 APR-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**23b. DATE:** 4/17/58
**23c. NAME OF CEMETERY OR CREMATORY:** LOCAL
**23d. LOCATION** (City, town, or county) (State): Albion,Illinois

**24. FUNERAL DIRECTOR** ADDRESS: Alexander & Sons 6175 Delmar Bl
**25. DATE RECD. BY LOCAL REG.:** 4-15-58
**26. REGISTRAR'S SIGNATURE:** Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr.Richard A.Jones
3720 Washington Ave
Je.3-1057 1:30 To 3:30 P.M.

VS MAY 27 1959

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 Jos E McCulloh

Licensed Embalmer No. 2464

P. O. Address 6175 Ellis

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.