

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038093

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9811

5. 300  
1-57

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		Length of stay in lb <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>5477 Emerson A venue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Philip</b> Middle <b>A</b> Last <b>Parshall</b>			4. DATE OF DEATH Month <b>October</b> Day <b>13</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 28, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <b>Paint Foreman (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R. R.</b>	11. BIRTHPLACE (City and state or country) <b>Charles City, Iowa /</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Eli Parshall</b>	
13b. MOTHER'S MAIDEN NAME <b>Idelia Callahan</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy M. Parshall</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown); (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>584x</b>	17. INFORMANT Address <b>Mrs. Dorothy Parshall, 5477 Emerson Ave</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobapneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cholelithiasis &amp; Cholecystitis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>584x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b> <b>7-8 mo</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>4:14:57</b> to <b>10:13:58</b> and last saw her/him alive on <b>10:12:58</b> Death occurred at <b>4:30 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Smith</i> (Name or title)		22b. ADDRESS <b>6000 W. Floussant</b>	22c. DATE SIGNED <b>10-13-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>Oct 15 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 14 '58</b>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <b>m. 2. 13.</b>

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 ..... *John W. Nash*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Mo.*

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.