ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER: 7243-61-027205

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7243

FILED AUG 14 1961

AMENDED

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Pacific — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4140 Hartford — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Cary Last: Parrott

4. DATE OF DEATH: Month: August Day: 2nd Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-2-1888

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioned Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James B. Parrott

13b. MOTHER'S MAIDEN NAME: Cora L. Harris

14. NAME OF HUSBAND OR WIFE: Wife- Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

INFORMANT: Wm. Parrott — Address: 4140 Hartford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia- Gastro-intestinal bleeding
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Soft tissue tumor obstructing ureters
DUE TO (c): Gastric intestinal bleeding due to Uremia
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 238.X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 7-26-61, to 8-2-61 and last saw him alive on Aug 1, 1961
Death occurred at 3.35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. E. [signature] M.D.

22b. ADDRESS: 1755 So. Grand

22c. DATE SIGNED: 8/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 5, 1961

23c. NAME OF CEMETERY OR CREMATORY: New Picker Cem.

23d. LOCATION (City, town, or county) (State): St. Louis - Missouri

24. FUNERAL DIRECTOR: Schumacher Funeral Home — ADDRESS: 3013 Meramac

25. DATE RECD. BY LOCAL REG.: AUG 4 1961

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

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 Jack Haupt

Licensed Embalmer No. #746

P. O. Address St Louis M

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.