

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4895-62-020833
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4895**

FILED MAY 23 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in lb 5 days | c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5769 Evelyn Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle NMN Last PARNELL | | | 4. DATE OF DEATH Month MAY Day 11 Year 1962 |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-9-1896 |
| 9. AGE (last birthday) 65 | | 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) <i>Steel grinder</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Steel Casting St. Louis, Mo.</i> | 11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i> |
| 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>William Purnell</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Hannah Smith</i> | | 14. NAME OF HUSBAND OR WIFE <i>Sofronia Parnell</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i> | | 16. SOCIAL SECURITY NO. <i>[Redacted]</i> | 17. INFORMANT Address <i>Sefronia Parnell 5769 Evelyn</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE HEMORRHAGE | | | INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THORACIC AORTIC ANEURYSM (RUPTURED) | | | SEVERAL YRS. |
| DUE TO (c) 022X | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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 Month, Day, Year s.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 MAY 8, 1962 to MAY 11, 1962 and last saw her alive on MAY 11, 1962 Death occurred at 10:37 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i> | | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 5/12/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE 5-16-62 | 23c. NAME OF CEMETERY OR CREMATORY <i>Fr. Dicksons Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i> |
| 24. FUNERAL DIRECTOR <i>G. D. Boone</i> | | ADDRESS 1221 North Grand | 25. DATE RECD. BY LOCAL REG. MAY 14 1962 |
| 26. REGISTRAR'S SIGNATURE <i>Loard Smith M.D.</i> | | | |

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 Melvin Blackhurst

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

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.