

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4876

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **ST. LOUIS, MO.** (d) Street No. **CITY HOSP. #1.** Registered No. **1521**
(e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

NICHOLAS PARISH 620
(a) Residence, No. **FOOT OF MADISON STR.** St. **26**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MARY PARISH**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC. 6TH 1878**

7. AGE YEARS **59** MONTHS **3** DAYS **4** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED.**
9. Industry or business in which work was done, as saw mill, bank, etc. **CHIPPER-FOUNDRY**
10. Date deceased last worked at this occupation (month and year) **JAN. 1930** 11. Total time (years) spent in this occupation **26.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND.** 7

FATHER 13. NAME **DONT KNOW.** 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND** 7

MOTHER 15. MAIDEN NAME **DONT KNOW.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND.**

17. INFORMANT (ADDRESS) **Joseph Parish**
11628² N 19² St

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **FEB 14TH 1938**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. GO.**
1827 HOGAN. STR.

20. FILED **FEB 12 1938** **J. B. Bruders**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/10/38** 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **6:50 A.M.**

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.

Arteriosclerosis.

Other contributory causes of importance: **MI**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **NO.**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO.**

If so, specify.....

(Signed) **Alfred Perry** M.D.

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John B. Brockland
Licensed Embalmer No. 93

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.)