N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 11 1938

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

791

9236
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2825

(c) City ST. LOUIS MO. (d) Street No. JEWISH HOSPITAL, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT J. PARROTT, 630

(a) Residence, No. 4508 W. PAPIN ST. St. 18
(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. STATE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF LOUVISA PARROTT.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 13, 1869

7. AGE: YEARS 69 | MONTHS 2 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. NILE.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 4

FATHER

13. NAME UNK. PARROTT. 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND. 4

MOTHER

15. MAIDEN NAME UNKNOWN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND.

17. INFORMANT LOUVISA PARROTT.
(ADDRESS) 4508 W PAPIN ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE MARCH 26, 38

19. FUNERAL DIRECTOR E. J. Schnur.
(ADDRESS) 3125 Lafayette Av.

20. FILED MAR 25 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1938, to March 24th, 1938

I last saw him alive on March 24th, 1938. Death is said to have occurred on the date stated above, at 3:30 A.m.

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

	Date of onset
Cerebral Accident (Thrombosis)	3/15/38
Hypertension	

Other contributory causes of importance:

Bilateral Bronchopneumonia	3/21/38

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) David Rothman, M. D.

(Address) Jewish Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 4014

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Joseph B. Vollmer

Licensed Embalmer No. 4014.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)