FILED APR 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12147

Registration District No. 784 Primary Registration District No. Jad Registrar's No. 659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 5/18/40 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Normandy
(If outside city or town limits, write "RURAL")
(d) Street No.: 2117 - 67th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME: Zachary Taylor Parshall

3. (b) If veteran, name war: Civil War

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: April (Month) 25, (Day) 1847 (Year)

8. AGE: Years 93 Months 11 Days 0 If less than one day hr. min.

9. Birthplace: Osceola Township, (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

MOTHER FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat. Cemetery J.B. Mo.

18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.
(b) Address: 5966-68 Easton Ave.

19. (a) MAR 27 1941 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1941 hour 5:45 minute a. M.

21. I hereby certify that I attended the deceased from May 18, 1940 to March 25, 1941; that I last saw him alive on March 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Arteriosclerosis, general, — Unknown.
Due to: with coronary, renal and cerebral involvement.
Due to:

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -
Of autopsy: No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (e) Means of injury:

23. Signature: C. W. HUGHES, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 3/25/41.

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5946 Easton St. Louis

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

If this body is not embalmed, fact should be so stated above.