

No. 2
11-10-39
5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26556
6348

State File No.

Registrar's No.

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O'Graves Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days.
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Parrish

3. (b) If veteran, name war No

3. (c) Social Security No. 493-01-7021

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Helen Irene Parrish

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan. 1 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 0

If less than one day _____ hr. _____ min.

9. Birthplace Sheridan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Roadmaster Cerk. (Clerk)

11. Industry or business Rail Road.

MOTHER FATHER { 12. Name James O. Parrish

13. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Allie B. Duggard

15. Birthplace Audrain Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Parrish

(b) Address Newberg, Mo.

17. (a) Removal (b) Date thereof 8-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phelps Co., Mo.

18. (a) Signature of funeral director Albert W. Flapp

(b) Address 4700 Washington St.

19. AUG - 2 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps Co.

(c) City or town Newberg
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1941 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from 7-10
1941 to 8-1 1941

that I last saw him alive on 8-1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of transverse colon & metastasis

Duration _____

Due to _____

Due to _____

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Ca. of transverse Colon & metastasis

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underlines 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) _____

(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? _____ (Specify type of place)

(e) Means of injury Geo. H. A.

23. Signature Scott Bell M.D. or other _____
Address Phelps Hosp Date signed 8/1/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert W. Wappe

Licensed Embalmer No. *1861*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.