

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2649 a Pestalozzi
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Michael Parmentier Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1943 hour 8 minute 10 P.M.

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Bertha Parmentier

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

7. Birth date of deceased May 20, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>6</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Fracture of Skull
Subdural hemorrhage of Brain
when the automobile in which he
was a passenger, being driven
by one William Stone ran into the
rear of a parked trailer tractor
manned by one Gary Tucker
on Highway # 61 near Troy Mo
about 6:00 pm 11-22-43

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Parmentier

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Arand

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

Major findings: _____
Of operations: _____

Of autopsy _____

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

16. (a) Informant Joseph Parmentier Sr.

(b) Address 7833 Weaver, Maplewood, Mo.

17. (a) Burial (b) Date thereof 11/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accidents 05?

(b) Date of occurrence 11-22-43

(c) Where did injury occur? Highway # 61 near Troy Mo
(City, town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (a) Means of injury _____

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 24 1943 (Date received local registrar)

J. F. Brueck (Registrar's signature)

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date signed 11-24-43

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.