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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 3 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10295

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 000
17

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

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

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

3. (a) PRINT FULL NAME Mary Jane Parmentier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 2, 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4		20	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Parmentier Jr

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

14. Maiden name Bertina Picken

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

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.

18. (a) Signature of funeral director Edith F. Ambruster
(b) Address 4234 Manchester

19. (a) NOV 24 1948 J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1943 hour 8 minute 15 P. M.

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.

Immediate cause of death Internal Hemorrhage from ruptured spleen when the automobile in which she was a passenger being driven by one William Stone ran into the rear of a parked trailer tractor manned by one George Tucker on Highway # 61 near Troy Mo about 8:00 Pm 11-22-43

Other conditions # 61 near Troy Mo about 8:00 Pm 11-22-43
(List pregnancy within 3 months of death)

Major findings:
Of operations 170 C-6

Of autopsy 170 C-6

Duration _____

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) Accident 057

(b) Date of occurrence 11-22-43

(c) Where did injury occur Highway # 61 near Troy Mo
(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) (Means of injury)

23. Signature Thomas P. Kelland
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.....

Florry Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis, Mo.

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.