

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2272

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:  
4064a Easton Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4064a Easton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Parrish, Jr.  
3. (b) If veteran, name war No 3. (c) Social Security No. 490-22-3450

4. Sex Male 5. Color or Race Col 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 September 4, 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>5</u>	<u>29</u>	..... hr. .... min.

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

10. Usual occupation Laborer

11. Industry or business.....  
MOTHER FATHER {  
12. Name Thomas Parrish, Sr.  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Pheobe Buckner  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Pheobe Buckner  
(b) Address 4064a Easton Avenue

17. (a) Burial (b) Date thereof 3/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green  
(b) Address 3517 Laclode Avenue

19. (a) Mad (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 3  
year 1944 hour..... minute 1 P M.

21. I hereby certify that I attended the deceased from Feb 25 1944 to Mar 3 1944  
that I last saw him alive on Mar 3 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis Re Duration

Due to Malignant Hypertension

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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).....  
(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)  
(c) Means of injury.....  
23. Signature Low B Rubenstein MD (M. D. or other)  
Address 4119 S Easton Ave Date signed 3.6.44

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. 1173

P. O. Address 3517 Saclede

**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.