

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3234a Michigan Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Parrott

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, Widowed

6. (b) Name of husband or wife Wm C Parrott 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 16 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1944 hour 8:30 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10/23/44
19..... to Nov. 13th 19 44

that I last saw h. er alive on Nov. 13th 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 7 28 hr. min.

Immediate cause of death Peripheral Circulatory collapse Duration

Due to Star Pneumonia 108

Due to

Other conditions Hemiplegia - by previous Cardiovascular disease
(Includes pregnancy within 3 months of death)

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Carl Hoth

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

14. Maiden name Unknown

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

16. (a) Informant Charles W Parrott

(b) Address 3234a Michigan Avenue

17. (a) Burial (b) Date thereof Nov 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

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?.....

18. (a) Signature of funeral director Beiderwieden Fun'l Home Inc

(b) Address 1936 St. Louis Avenue

19. (a) NOV 15 1944 J. F. Budach
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury.....

23. Signature Ellis J. Lisak (M. D. or other).....
1945 Lafayette 11/13/44
Address Date signed

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..... *Delis J. Krupka*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. James*

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.