

S. No. 2
OM-8-43
v. 5-17-39
I X37823

FILED DEC 27 1944

318

Primary Registration District No.

100

Registrar's No. **10539**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
3525 a Morganford ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3525 A. Morganford ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Della Parde

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1944 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from Oct 1
1943 to Dec 9 1944
that I last saw h. er alive on Dec. 7 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Henry Parde 6. (c) Age of husband or wife if alive 8 years 1876

7. Birth date of deceased November (Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Duration died suddenly

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>1</u> hr. min.

Due to.....

Due to.....

Other conditions acute Bronchitis 1 week
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Unknown Joslin

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 Henry Parde

(b) Address 3525 a Morganford avr.

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

(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 C. Hoffmeister U. & L. Co

(b) Address 7814 S. Broadway

19. (a) DEC 11 1944 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

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

23. Signature Chas. E. Paula (M. D. or other) 12-9-44

Address 7826 S. Broadway

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 Harry J. Scheinucker
Licensed Embalmer No. 2679
P. O. Address 732 Pennsylvania

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.