S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7440

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 816 North 17th St.
(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 25 Ave

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

(d) Street No. 816 North 17th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Parrott

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 1 (Month) 10 (Day) 1882 (Year)

8. AGE: Years 64 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business —

FATHER
12. Name Armus Hurt
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Callie White
(b) Address 1618 Franklin.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Avenue

19. (a) AUG 28 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 22 Aug 1946 to 25 Aug 1946 that I last saw her alive on 24 Aug 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	38
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. A. Mueller (M. D. or other) MD
Address 3524 Franklin Date signed 27 Aug 46

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.