

No. 2  
-12.45  
5-17-39  
I X47070

FILED FEB 24 1947  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

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:  
1245 Glasgow Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT William Parrett  
FULL NAME

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

3. (c) Social Security No. 489-14-1475

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Gertrude Parrett

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 12, 1892  
(Month) (Day) (Year)

8. AGE: 54 Years 6 Months 26 Days  
also 63 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Funeral Director

11. Industry or business Funeral Director

MOTHER FATHER { 12. Name Thontan Parrett

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

14. Maiden name Ella Erwin

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

16. (a) Informant Pearl L. Shivers

(b) Address 1245 Glasgow Avenue

17. (a) Burial (b) Date thereof 2;14;47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 3615 Easton Avenue

19. (a) FEB 13 1947 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County R. 20

(c) City or town Saint Louis 21 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 1245 Glasgow Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9 10  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 1947  
year 1947 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 22, 1947, to Feb 8, 1947  
that I last saw him alive on Feb 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cowdry Heart Disease

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Maxon H. Clark (M. D. or other) M.D.  
Address 105 N. Karal Date signed 2-12-47

**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

*Ames A. Johnson*

Licensed Embalmer No.

*3522*

P. O. Address

*3906 Franklin*

**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.**