

FILED JUN 15 1948
Registration District No. 377

Primary Registration District No. 3068

Registrar's No. 1320

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2305 Big Bend Rd
(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

3. (a) PRINT FULL NAME Charles George Parrish

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Katherine Parrish

6. (c) Age of husband or wife if alive 63 years

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

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

65 7 19 hr. _____ min.

9. Birthplace Oskaloosa Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation General Roadmaster

11. Industry or business Terminal Railroad

MOTHER FATHER { 12. Name Louis Parrish

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

14. Maiden name Augusta Stoy

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

16. (a) Informant Mrs. Chas. G. Parrish

(b) Address 2305 Big Bend Rd

17. (a) Burial (b) Date thereof 5/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc.

(b) Address 6633 Clayton Road

19. (a) 5-25-48 (b) Carley J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 Big Bend Rd 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1948 hour 4.05 minute _____ P. M.

21. I hereby certify that I attended the deceased from 23 May 48
19 _____ to _____
that I last saw him alive on 23 May 48 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion 10min

Due to Hypertensive heart disease

Due to 930

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None

Of operations _____

Of autopsy None

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? _____

23. Signature John [Signature] (M. D. or other) M.D.
Address 2618 Oakview Tr Date signed 5/24/48

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address. 3836 Botanical

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.