

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25143**
6426
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place) 10 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 214.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5523 ITASKA		e. STREET ADDRESS (If rural, give location) 5523 ITASKA	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) _____ c. (Last) PARROTT	4. DATE OF DEATH (Month) (Day) (Year) JULY 26 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 14, 1864	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 85
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) RANDOLPH CO. ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME IGNATIUS MOSBACHER	13b. MOTHER'S MAIDEN NAME MARY EVA DUDEHOEFER	14. NAME OF HUSBAND OR WIFE FRANK PARROTT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruwice Kettler	ADDRESS 5523 ITASKA
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Renal Vascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trisomie DUE TO (c) Cerebral Arteriosclerosis - Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H42X
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22. I hereby certify that I attended the deceased from **July 15, 1950** to **July 20, 1950** that I last saw the deceased alive on **July 17, 1950**, and that death occurred at **4:2 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Sasater MD	23b. ADDRESS 1504 1/2 Grand	23c. DATE SIGNED 7/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 29, 1950	24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL	24d. LOCATION (City, town, or county) (State) WATERLOO ILLINOIS
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DATE REC'D BY LOCAL REG. JUL 27 1950	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Emil Guernheim	ADDRESS WATERLOO, ILL.
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WRITE PLAINLY—USING UNFAADING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben. H. Palkusis

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

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.