

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3584**  
**0917**

FILED FEB 11 1953

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0917</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>23 2731 LAFAYETTE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAM</b>			b. (Middle) <b>-</b>			c. (Last) <b>PARISI</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 24 1953</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>DEC. 1 1904</b>		9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BEER BOTTLER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUSCH BREWERY</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JOSEPH PARISI</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ADELE PARISI</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ADELE PARISI 2731 LAFAYETTE</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinomatosis Gen</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Urinary Bladder</b> <b>Hepatic Metastasis</b> <b>Ca</b>  DUE TO (b) <b>Ca</b>  DUE TO (c) <b>Ca</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>10 mos</b> <b>- 12 mos</b> <b>1 mo</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General Cachexia</b> <b>Myocarditis</b>		19a. DATE OF OPERATION <b>1/16/53</b>				19b. MAJOR FINDINGS OF OPERATION <b>Prost. (2) Urinary Bladder - Ca</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>181X</b>					
22. I hereby certify that I attended the deceased from <b>2/16 1953</b> , to <b>1/24 1953</b> , that I last saw the deceased alive on <b>1/24 1953</b> , and that death occurred at <b>1:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George J. Urban MD</b>				23b. ADDRESS <b>3903 Olive</b>		23c. DATE SIGNED <b>1/25/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JAN. 26 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 27 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McThomas Kutia 2906 Gravois</b>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.