

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21077

318

1003

State File No. ....

Registrar's No. 5485

|  |                            |   |  |  |   |   |   |  |
|--|----------------------------|---|--|--|---|---|---|--|
| BIRTH NO. _____  |                            | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |   | State File No. ....   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                            |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>   |                            | c. LENGTH OF STAY (in this place) <u>Life</u>   |  | c. CITY OR TOWN <u>St. Louis</u>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8648 Annetta Ave.</u>   |                            |   |  | e. STREET ADDRESS (If rural, give location) <u>8648 Annetta Ave.</u>   |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Lottie</u><br>b. (Middle) <u>C.</u><br>c. (Last) <u>Parissi</u>  |                            |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 18, 1954</u> |  |   |   |   |  |
| 5. SEX <u>F.</u>   | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>Jan. 12, 1885</u>  | 9. AGE (In years last birthday) <u>69</u>         | IF UNDER 1 YEAR Months _____  | IF UNDER 24 HRS. Days _____ Hours _____ Min. _____              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>   |                            | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |   |  |
| 13a. FATHER'S NAME <u>Unknown</u>  |                            |   | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                         |  | 14. NAME OF HUSBAND OR WIFE <u>Joseph Parissi</u> |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>  |                            | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Joseph Parissi 8648 Annetta Ave.</u>   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                  |                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>encephalomalacia</u><br>DUE TO (c) <u>due to cerebral arteriosclerosis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS,<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk</u><br><u>6 yrs</u> |  |
| 19a. DATE OF OPERATION _____   |                            | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |   | 20. AUTOPSY?<br>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)<br><u>334X</u>   |   |   |   |  |
| 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? _____   |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 1, 1953</u> , to <u>17 June, 1954</u> , that I last saw the deceased alive on <u>17 June, 1954</u> , and that death occurred at <u>3:52 p.m.</u> , from the causes and on the date stated above. |                            |   |  |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>H. H. Desener - MD</u>   |                            |   |  | 23b. ADDRESS <u>6000 W. Floissant</u>  |   | 23c. DATE SIGNED <u>18 June 54</u>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                            | 24b. DATE <u>6-21-54</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>   |   |  |
| DATE REC'D BY LOCAL REG. <u>JUN 19 1954</u>  |                            | REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>  |  | FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>   |   | ADDRESS <u>3840 Lindell</u>   |   |  |

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

Dr. H. H. Siscoener  
600 West Florence Ave  
EV. 3-0127

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.....  
Signature of Student Embalmer

Signed [Signature].....  
Licensed Embalmer No.....  
P. O. Address [Address].....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.