

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

9854 -61-039056  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

AMENDED

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, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>In carnate Wd, Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>3950a Dunnica</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **Rose** Middle **M.** Last **Parrish**

4. DATE OF DEATH Month **Oct.** Day **24,** Year **1961**

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 21, 1898</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>James Murphy</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine McNulty</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Parrish</b>
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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) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>St. Louis, Mo. Wm. Parrish 3950a Dunnica</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carcinomatosis, Adenom**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Adenocarcinoma Breast.** INTERVAL BETWEEN ONSET AND DEATH **1959.**

DUE TO (c) **170x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from **Jan 14 1943** to **Oct. 24, 1961** and last saw her/him alive on **Oct 23, 1961**

Death occurred at **6:05 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Joseph B. Carney M.D.</b> (Degree or title)	22b. ADDRESS <b>3800 So Jefferson</b>	22c. DATE SIGNED <b>10-25-61</b>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>removal</b>	23b. DATE <b>10-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parklawn Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home 6322 S. Grand Blv., St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 25 1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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DATE AMENDED

INSURED OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THEM NO. SHOULD READ

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed David Chan Fossom

Licensed Embalmer No. 7242

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.