

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10943

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis Mo.** (No. **5336**)

Registration District No. **791**
Primary Registration District No. **1009**
Maffit Ave

File No.....
Registered No. **2972**
St..... Ward.....

2. FULL NAME

Emanuel S. Paridy

(a) Residence. No. **5336 Maffit** St. **6** Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Johanna Paridy**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan, 24; 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 I 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Common Laborer**
(b) General nature of industry, business, or establishment in which employed (or employer) **Old jobs**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Mt. Olive**
(STATE OR COUNTRY) **Ill.**

10. NAME OF FATHER **Edward Paridy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mt. Olive**
(STATE OR COUNTRY) **Ill.**

12. MAIDEN NAME OF MOTHER **Lena Rehg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) **Ill.**

14. INFORMANT **Johanna Paridy**
(Address) **5336 Maffit Ave.**

15. FILED **28 1930** REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 28 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 29** 19**30**, to **March 23**, 19**30**
that I last saw him alive on **March 22**, 19**30**, and that death occurred, on the date stated above, at **3 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-renal-vascular disease - 131 95B

(duration) **10** yrs. mos. ds.

CONTRIBUTORY **Acute Cardiac decompensation** (SECONDARY)

(duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **129 W**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS **Physiome signs & symptoms**
(Signed) **Clarence G. Brown**, M. D.

3/24, 19**30** (Address) **1927 1/2 Union St. Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Olive Ill.

DATE OF BURIAL

3/25/30

20. UNDERTAKER

Wm. Santman

ADDRESS

Stauton I

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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