

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.

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

Do not use this space.

21954

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis*

(No. *1112 S. Cardinal ave*)

File No.....

Registered No.....

6101

St. Ward)

2. FULL NAME

Lucinda Parks

(a) Residence, No. *1112 S. Cardinal ave* St. *18* 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 10, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House. Wif

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Ben. Goodrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Flora Bush

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

14.

INFORMANT

(Address)

*Nathan. G. Woodson
1112 S. Cardinal ave.*

15.

FILED

-7-1928

May E. Barker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/4 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Mar 15, 1928, to 6/4, 1928

that I last saw him alive on *6/4, 1928*, and that

death occurred, on the date stated above, at *6 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis

97 (duration) *3* yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E. J. Taylor*, M. D.
6/5, 1928 (Address) *3136 Chautau*

*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

DATE OF BURIAL

Greenwood. Cem

6-8-1928

20. UNDERTAKER

ADDRESS

G. Scott. 3015. Lantons ave

