JAN 26 1937

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

Do not use this space. 46051

1. PLACE OF DEATH
County St. Louis — Registration District No. 788 — File No.
Township Jeff — Primary Registration District No. 4471 — Registered No. 127
City Webster Groves (No. 139 Valley Road St. Ward)

2. FULL NAME Annie Archschoefer Parks
(a) Residence, No. 139 Valley Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF George Clifton Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1856

7. AGE: YEARS 80 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER
13. NAME David Archschoefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Barbara Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) E. H. Parks 139 Valley Road

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Valhalla Crematory DATE Dec 14th 1936

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive Street

20. FILED 12-13- 1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Dec 13, 1936
I last saw her alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. W. Dickerson, M. D.
(Address) 2919 S. Kilburn Rd.

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.

WHITE PLAINLY, WITH UNFADING INK ... X7044

2919 So Kingshighway
2-3 P. M Sunday
Dr L. W. Scherman.

Wil 4094 E H. Parks.