

OCT 14 1937

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

1003

32235

Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_  
(b) Township \_\_\_\_\_  
(c) City ST. LOUIS MO (d) Street No. 5300 HALL STREET Registration District No. 2 City Hospital No. 8289  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANNA PARKER STANN OR ELDER  
(a) Residence, No. 5300 HALL STREET St. 9  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALONZA ELDER  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 56  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEKEEPER  
9. Industry or business in which work was done, as 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) COLUMBUS Ky

FATHER 13. NAME Gerry PARKER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME CATHERINE NUGES  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ky

17. INFORMANT ALONZA ELDER  
(ADDRESS) 5300 ONALL STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE Sept 3rd 1937

19. FUNERAL DIRECTOR AL BEAL Ward C. O.  
(ADDRESS) 2726 Lucas Ave

20. FILER SEP 3 1937 J. Brebeck  
Local Registrar.

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;  
Edema of Lung

Date of onset

Other contributory causes of importance: 946

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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 See above  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Alfred J. Perry (Address) Deputy Coroner

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Birdie Best Anderson, Licensed Embalmer No. 5929

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Birdie Best Anderson

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Birdie Best Anderson

Licensed Embalmer No. \_\_\_\_\_

**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.)**