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

OCT 14 1937

32912
Do not use this space.

791
1003
8966

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8966
(c) City ST LOUIS MO (d) Street No. Int. West Intersection of Main and Madison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? 55 yrs. ..... mos. ..... ds.

2. PRINT FULL NAME MARY PARISH
(a) Residence, No. Foot of Madison old e. Main St. 26 .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 26TH 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	=	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
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) GERMANY

FATHER
13. NAME DONT KNOW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME DONT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Joseph Parish 1820 N. 19 STR.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE SEP 27TH 1937

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED SEP 25 1937 19.... J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1937.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of the skull and haemorrhage, as a result of being struck by a Wabash Passenger Train #24, manned by George L. Kirk, Engineer and Paul L. Nichols, Fireman, while crossing the tracks at Main and Madison Streets, about nine o'clock A.M. Sept. 24, 1937. Accident.

Other contributory causes of importance:

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? Accident Date of injury Sept. 24, 1937
Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. #93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. No. ——— or by ———, Registered Apprentice No. ———

working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. #93

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)