

32 FEB 12 1938

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

944

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2601** N. Whittier 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 **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **800**2. PRINT FULL NAME **Virginia Miller** *LLP*

(a) Residence, No. **No Home** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 -- 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**

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) **Mississippi**FATHER 13. NAME **July Parker**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**MOTHER 15. MAIDEN NAME **Virginia ?**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **1-21** 19**38**19. FUNERAL DIRECTOR (ADDRESS) **Dr Richter**
3500 Rutger St20. **JAN 24 1938** 19**38** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15** 19**38**22. I HEREBY CERTIFY, That I attended deceased from **June 29** 19**37**, to **January 15** 19**38**I last saw her alive on **Jan. 15** 19**38**. Death is said to have occurred on the date stated above, at **8 p** m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with hemiplegia (right) Date of onset **6/29/38**

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) **A. J. Lewis** M. D.
(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed
..... 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.)