WHITE 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

REC'D MAY 10 1938

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

12829
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3433

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. City Sanitarium 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Parker 6 26
(a) Residence, No. 3181 a Alfred Ave., St. 16
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.15, 1896

7. AGE: YEARS 41 | MONTHS 4 | DAYS 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) 4-1-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallaay, Ireland 5

FATHER
13. NAME Michael Creshan 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

MOTHER
15. MAIDEN NAME Mary Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Jordan Kelling, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S.Peter-Paul DATE April-13-1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S.Broadway

20. FILED APR 12 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-13-37, 19, to 4-10-38, 19
I last saw her alive on 4-10-38, 19 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with metastasis to abdominal viscera 12-24-37	

Other contributory causes of importance:

Name of operation Laparotomy Date of 12-24-37
What test confirmed diagnosis Path.exam 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) Jordan Kelling, M. D.
(Address) City Sanitarium St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

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 Frank J. Hyland

Licensed Embalmer No. 2645

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.)