

REC'D JUN 9 1938

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

16920
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... St. Louis Primary Registration District No. **1008**

(c) City..... St. Louis (d) Street No. **3631** Childress Ave. Registered No. **4781**

(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 **MARY ANN PARKER, 626**

(a) Residence, No. **3631 Childress Avenue** St. **14**

(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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James W. Parker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 18, 1861**

7. AGE YEARS **76** MONTHS **5** DAYS **5** If LESS than 1 day, hrs. or min.

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

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) **St. Louis Mo.**

FATHER 13. NAME **James O'Toole**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Elizabeth Dunn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs. George R. Haering** (ADDRESS) **3631 Childress Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 25, 1938**

19. FUNERAL DIRECTOR **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **MAY 24 1938** **J. D. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1, 1928** to **May 23, 1938**

I last saw her alive on **May 22, 1938** Death is said to have occurred on the date stated above, at **7:30 A. M.**

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

Chronic Myocarditis Date of onset **1928**

acute Gastro Enteritis, 4/20/38

caused by improper diet.

Other contributory causes of importance:

Name of operation: Date of operation:

What test confirmed diagnosis? Was there an autopsy?

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 **Dr. P. Smith**, M. D. (Signed) **Dr. P. Smith** (Address) **4500 Clarence**

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, William G. Buchholz, Licensed Embalmer No. 2/110
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz, L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed William G. Buchholz
Licensed Embalmer No. 2/110

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.)