

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

20432  
Do not use this space.

1. PLACE OF DEATH **1938**  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008** Registered No. **5571**  
 (c) City **St. Louis** (d) Street No. **Disloge Hospital** 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? yrs. mos. ds.  
 2. PRINT FULL NAME **Houisa Kempfer PARNEL** **654**  
 (a) Residence, No. **2815 Belt Ave.** St. **6** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rufus Parnell**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 6, 1881.**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**56 10 12**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 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) **Missouri**  
 FATHER 13. NAME **William Pint**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**  
 MOTHER 15. MAIDEN NAME **Louise Creely**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**  
 17. INFORMANT **Rufus G. Parnell**  
 (ADDRESS) **2815 Belt Ave.,**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Florissant Me.** DATE **June 21/38.**  
 19. FUNERAL DIRECTOR (NAME) **Jos. W. Clark,**  
 (ADDRESS) **1125 Hodiamont Ave.**  
 20. FILED **JUN 20 1938** **J.P. Brudick**  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18/38.** 19  
 22. I HEREBY CERTIFY, That I attended deceased from **JUNE 13** 19**38** to **JUNE 19** 19**38**  
 I last saw h. or alive on **JUNE 18** 19**38** Death is said to have occurred on the date stated above, at **11:55 A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Carcinoma of Ovary** Date of onset **unknown**  
 Other contributory causes of importance: **Hypertension**  
 Name of operation **Laparotomy** Date of **June 15 38**  
 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  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **John J. Blaen** M. D.  
 (Signed) **J.P. Brudick** (Address) **1325 So. Grand**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Jos. W. Clark*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Jos. W. Clark*

Licensed Embalmer No. *14661*

P. O. Address *1175 Hodiamont*

**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.)**

**If this body is not embalmed, above space should be left blank.**