

APR 12 1939

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

8660  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 2425  
 (c) City St. Louis (d) Street No. Homer S Phillips St. Mo.  
 (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 14.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 145 Pearl Hopkins St. 19  
3966a Enright  
 (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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Hopkins  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1900  
 7. AGE YEARS 39 MONTHS 2 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
 9. Industry or business in which work was done, as saw mill, bank, etc. Domestic  
 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) Jackson Tenn

FATHER 13. NAME James Parshman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Millie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Wm Hopkins  
3966a Enright ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Walston  
2707 Stoddard St

20. FILED MAR 14 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5 - 1939 to March 11 - 1939  
 I last saw her alive on March 11 - 1939. Death is said to have occurred on the date stated above, at 8:10 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance: None

Name of operation Autopsy Date of .....  
 What test confirmed diagnosis Lab. Test Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) H. F. Walston M.D.  
 (Address) 1901 N. Jefferson Ave.

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

*L. Boyle*  
*myself*

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

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

Signed.....

*L. Boyle*

Licensed Embalmer No.....

*2946*

P. O., Address.....

*St Louis*

**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.**