

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.

- 6 1939

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

REC'D JUN 8 1939

10778
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
 (b) Township DASHORAME Primary Registration District No. 106
 (c) City SO. KIRKWOOD (d) Street No. 224 BROOKLYN
 (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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 825

2. PRINT FULL NAME 626 MARIA PARKER

(a) Residence, No. 224 BROOKLYN 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

FATHER 13. NAME Elis Driner

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

MOTHER 15. MAIDEN NAME not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not know

17. INFORMANT (ADDRESS) Therese Cunningham
St Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blater & Koen
Kirkwood Mo

20. FILED MAY - 6 1939 G. R. Meyer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 - 1936 to May 1st 1939

I last saw her alive on May 1 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Cancer of Breast
was operated on in Sept 1936
at St. Louis County Hosp.

Date of onset not known

Other contributory causes of importance: 50

Name of operation Left Breast Removed Date of Sept 25 36

What test confirmed diagnosis C. tho. 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? No.
 If so, specify _____

(Signed) E. J. Dorey, M. D.
 (Address) 27 E. Jefferson Ave
St. Louis Mo

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.