

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town So. Kinloch PARK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County St. Louis
(c) City or town So. Kinloch PARK
(If outside city or town limits, write "RURAL")
(d) Street No. Jones + Brennan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IONA PARKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Andrew PARKER 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased _____ (Month) UNKNOWN (Year)

8. AGE: * Years Abt. 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Tuskegee Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER } 12. Name Daniel Jackson
13. Birthplace ? Ala 1
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Washington, D.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Sauer
(b) Address Jones + Brennan

17. (a) REMOVING (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Ph.

18. (a) Signature of funeral director MARY WADE

(b) MAR 2 1942 (c) H. M. Damm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 20
1942 to March 19 1942
that I last saw him alive on March - 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis
Due to Chronic myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury None
23. Signature J. A. Rayney (M. D. or other) _____
Address B. St. Louis Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 22 1948

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. *2695*

P. O. Address. *2769 Chouteau*

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, fact should be so stated above.