

23351

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

6922

AUG 7 1943
AUG 1943 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1115 Hamilton Ave.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 Hamilton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia C. Parker.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single; widowed, married, divorced Married

6. (b) Name of husband or wife William J. Parker 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec. 1, 1870.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 29 hr. _____ min.

9. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Miller
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Bentner
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Parker
(b) Address 1115 Hamilton Ave.

17. (a) Burial (b) Date thereof Aug. 2/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JUL 30 1943 (b) J. F. Bradack
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 2.22 minute A.M. M.

21. I hereby certify that I attended the deceased from June 23, 1943 to July 30, 1943, that I last saw her alive on July 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm of arteries
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Small aneurysm
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 _____
23. Signature Amelia Parker (M. D. or other) M.D.
Address 1194 Hodiamont Ave. Date signed 7-30-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. O. J. White

1194 Hodlamont Ave.,

6344

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..... *J. Allen Davis*

Licensed Embalmer No..... 4053

P. O. Address..... St. Louis, Mo.

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.