

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23353

State File No. _____

FILED JUL 17 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Anthony Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 Days in Hospital
In this community Life.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
City Street No. 4061 Hartford St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

6255
800
17
9/16

3. (a) PRINT FULL NAME MAMIE PARKER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Everet Parker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER
12. Name Henry Pigeon
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Ida Quartmann
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Everet Parker
(b) Address 4061 Hartford St.

17. (a) Burial (b) Date thereof July 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SunSet Burial Park

18. (a) Signature of funeral director Therodutus & Co
(b) Address 2906 Gravois Ave.

19. (a) 7-9-43 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1943 hour 3 15 A.M. M.

21. I hereby certify that I attended the deceased from June 30
1943, to July 8, 1943,
that I last saw her alive on July 7, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage ?? Duration 1 day

Due to Chr. Hypertension

Due to Partial Bowel Obstruction 12 days

Other conditions Large Pericardial Effusion 7-2
(Include pregnancy within 3 months of death)

Major findings: Of operations as above PHYSICIAN
Of autopsy 1943
Underline the cause to which death should be charged statistically.

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) _____
23. Signature J. F. Bredeck (M., D., or other)
Address 5417 No Grand Blvd Date signed 7-9-43

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

L. v. Grand

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.....

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris*

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.