

NOV 13 1943

Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2517

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6327 Wells Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Louise Parks

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 Widowed

6. (b) Name of husband or wife Robert Parks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 27, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 14 hr. min.

9. Birthplace Dorena, Missouri  
(City, town, or county) (State or foreign county)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Charles Thompson  
13. Birthplace Illinois  
(City, town, or county) (State or foreign county)  
14. Maiden name Fricella Rife  
15. Birthplace Illinois  
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. Nell Young

(b) Address 6327 Wells Ave.

17. (a) Removal (b) Date thereof Nov. 12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds, Illinois

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) NOV 12 1943 (b) E. G. McBaran, M. D.  
(Date received local registrar) (Registrar's signature) 75

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6327 Wells Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10  
year 1943 hour 1.15 minute A.M.

21. I hereby certify that I attended the deceased from November 9, 1942 to Nov 10, 1943  
that I last saw her alive on Nov 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
(M100)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (NEP. CHA)  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 318

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 Rally Tracy D (M. D. or other) \_\_\_\_\_  
Address 6327 Wells Ave Date signed \_\_\_\_\_

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

96  
00

96

Duration of case

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. ROLIA BRACY,  
6400 Easton Ave.,  
Mu. 5084. 12-2.00 P.M.

**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 Jan. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiaman

**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.