

FILED DEC 22 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10733

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4769 Beacon Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 97

(d) Street No. 4769 Beacon Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Parker

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

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

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

7. Birth date of deceased August 4, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1943 hour 11:30 AM minute M.

21. I hereby certify that I attended the deceased from 11-20-43
to 12-5-43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>81</u>	<u>4</u>	<u>1</u>	<u>hr.</u> <u>min.</u>
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9. Birthplace Unknown Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

Immediate cause of death Myocarditis
Myocarditis

Due to 9/2

Due to Brown Hypostatic Pneumonia

Other conditions (Include pregnancy within 6 months of death)

MOTHER { 12. Name Unknown

FATHER { 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George R. Parker
(b) Address 4769 Beacon Ave

17. (a) Burial (b) Date thereof 12/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wath Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) J.F. Bruesch (b) J.F. Bruesch
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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) (e) Means of injury MD

23. Signature W. Schumaker (M. D. or other) MD
Address 4911 Thrush Date signed 2-6-43

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

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

Welford G Burnley

Licensed Embalmer No.

4702

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.