

S. No. 2  
M-543  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 29 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12155  
Registrar's No. 733

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Gardenville  
(c) Name of hospital or institution: Millers Nursing Home 4  
(d) Length of stay: In hospital or institution 4 Months  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 3905a S. Broadway  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Parke  
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 Widowed  
6. (b) Name of husband or wife Phillip  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 5, 1861

8. AGE: Years 82 Months 11 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Maxville Missouri  
10. Usual occupation AT Home

11. Industry or business \_\_\_\_\_  
12. Name William Gregory  
13. Birthplace Unknown Germany 4  
14. Maiden name Dont know  
15. Birthplace Unknown Germany 4

16. (a) Informant Arthur S. Parke  
(b) Address 3905a S. Broadway  
17. (a) Burial (b) Date thereof Mar. 27, 1944  
(c) Place: burial or cremation Beck Mo.

18. (a) Signature of funeral director Edben Sons and Co.  
(b) Address 2630 Gravois Ave.  
19. (a) MAR 27 1944 (b) E. G. McFarren, MD  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3rd day 23rd  
year 44 hour 12 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 10 30  
1943 to 3 - 17 1944

that I last saw her alive on 3 - 17 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Mitral insufficiency  
Due to similitude  
Due to arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy gvt

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? \_\_\_\_\_  
(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 J. J. Meredith (M.D. or other) M.D.  
Address 1258 N. Kingshighway Date signed 3-29-44

X9.1  
8/44

707

10  
Sons of  
1918  
1918

1944

MAR 2 9 1944

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 Robert F. Gebken  
Licensed Embalmer No. 4144  
P.O. Address 2630 Gravois Ave.

**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.