. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36280

State File No.

FILED DEC 5 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10097

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: 1906 N. Goode Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

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

(d) Street No. 1906 N. Goode Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lovie Parks

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex 3 Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec. (Month) 25 (Day) 1886 (Year)

8. AGE: Years 57 Months 11 Days 0 If less than one day hr. — min.

9. Birthplace Carrollton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Henry Williams
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catharine Anderson
15. Birthplace Carrollton (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Anna May Franklin
(b) Address 1906 N. Goode Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Manuel
(b) Address 4059 Finney Ave.

19. (a) ~~NOV 2 8 1944~~ (Date received local registrar) J. F. Bredeck (Registrar's signature)

NOV 28 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Nov year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 20 1944, 19 to Nov 25 1944, that I last saw her alive on Nov 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coma-Paralysis

Due to

Due to Hypertension

Other conditions 82
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. M. Goodwin (M. D. or other)

Address 1005 N Leffingwell Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1947

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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.