S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18204

State File No.

Registration District No. 3777

Primary Registration District No. 3066

Registrar's No. 1117

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
1142 SHELBY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 35 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1722 - S - 7th Street
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MARIE PARKER

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 WIDOW

6. (b) Name of husband or wife LEWIS PARKER

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

7. Birth date of deceased MAY-24-1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	10	— hr. — min.

9. Birthplace FREDONIA (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name GEORGE HALL
13. Birthplace FREDONIA (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name SARAH WELSH
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Mrs Ida Cutler
(b) Address 1722 S 7th St. ST LOUIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-16-1945 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO.

19. (a) 5-16-45 (Date received local registrar) (b) E. G. McCarran H.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 4-24, 1945, to 5-15, 1945
that I last saw her alive on 5-11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to 83a

Due to

Other conditions
(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 C E Barnett (M. D. or other)

Address 243 W Jefferson Kirkwood Mo Date signed 5-15-45

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.