S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 22405

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6217

**1. PLACE OF DEATH:**

(a) County: St Louis

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

(c) Name of hospital or institution: 3850 Page 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)
In this community: 4yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 000

(c) City or town: St Louis 17 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 3850 Page Ave 9
(If rural, give location)

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

3. (a) PRINT FULL NAME: Charlie Parks.

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female 2

5. Color or race: Col

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: June (Month) 23rd, (Day) 1890. (Year)

8. AGE: Years 55 | Months 0 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Paris (City, town, or county) Texas. 1 (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business ____

MOTHER FATHER

12. Name: Joe Lee

13. Birthplace: ? (City, town, or county) N Carolina. 1 (State or foreign country)

14. Maiden name: Elsie Johnson

15. Birthplace: Knobston (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Georgia Aldridge

(b) Address: 3850 Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Nat, Vem, Jeff, Barrks

18. (a) Signature of funeral director: Ellis Fun, Home

(b) Address: 2820 Stoddard St

19. (a) JUL 18 1945 (Date received local registrar) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 14 year 1945 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-9-45, 19____, to 7-14, 1945; that I last saw h.e.r. alive on 7-14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days

Due to: 108

Due to: ____

Other conditions: Old Hemiplegia (Include pregnancy within 3 months of death) — Unknown

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? No.

While at work? ____ (Specify type of place) (e) Means of injury 0

23. Signature: [signature] (M. D. or other)

Address: 11 N. Jefferson Date signed: 7-16-45

(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 Fulton E. Culkin

Licensed Embalmer No. 4198-

P. O. Address 4912 Fountain

St Louis 13 - 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.**