S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26020

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7864

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(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: 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 11

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

(d) Street No.: 4561 Cottage Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME: Alice Parker

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 3

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: August (Month) 3 (Day) 1888 (Year)

8. AGE: Years 57 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: Memphis (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business:

FATHER
12. Name: Jesse Smith
13. Birthplace: Memphis (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name: Margret
15. Birthplace: Memphis (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant: Henry Parker
(b) Address: 4561 Cottage Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: Ellis Fun. Home
(b) Address: 2820 Stoddard St.

19. (a) SEP 7 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 year 1945. hour 7/30 minute P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage of Brain; when she lost her balance and fell down the rear steps leading

Due to: to her home at 2114-a Division St. around 7:40 P.M., Sept. 3, 1945.

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): ACCIDENT

(b) Date of occurrence: Sept. 3, 1945

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work?

(e) Means of injury:

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

Address: Date signed 9/3/45

(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 L Boyp

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boyprin

Licensed Embalmer No. 2946

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.