S. No. 2
M—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

State File No. 39619

FILED JAN 5 1946

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11226

1. PLACE OF DEATH:

(a) County ~~3029 Dickson St~~

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

(c) Name of hospital or institution: 3029 Dickson

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 000 (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 3029 Dickson (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH PARKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 14 (Day) 1866 (Year)

8. AGE: Years 79 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Miss (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Robinson Terry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Emma Clinton

(b) Address 3029 Dickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English, Undertaker

(b) Address 2931 Sucks ave

19. (a) DEC 21 1945 (Date received local registrar) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 15 year 1945 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1938, 19.., to Dec 15, 1945 that I last saw her alive on Dec 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-carditis

Due to Chronic Rheumatism

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 [signature] (M. D. or other)

Address 2742 [illegible] Date signed

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.