

FILED APR 18 1946  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **3336**

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:  
3006 Market /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community over 25 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3006 Market /  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 5

3. (a) PRINT FULL NAME Parlee Thomas

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex 7 3 5. Color or race cal 6. (a) Single, widowed, married, divorced W. d.

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 - - hr. min.

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

10. Usual occupation housework

11. Industry or business

12. Name Jin Collins  
13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Cedron ?  
15. Birthplace Collins Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Parlee Moore  
(b) Address 3006 Market Street

17. (a) Shipped (b) Date thereof 4 10 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARTESIA, MISS.

18. (a) Signature of funeral director A. J. Beal Under

(b) Address 2726 Lucas Ave

19. (a) APR 21 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1946 hour 4:15 AM/PM M.

21. I hereby certify that I attended the deceased from 3/15/46  
1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension with cardiac & vascular disease  
Duration

Due to .....  
Due to 9th  
Other conditions (Include pregnancy within 3 months of death) 2

Major findings: M  
Of operations M  
Of autopsy M

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. F. Bredek (M. D. or other) MD  
Address 2726 Lucas Ave Date 4/21/46

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

MOTHER FATHER

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.....

*Vera Thompson*, Registered Apprentice No. *395*  
working under my personal supervision.

Signed *James W. Beckman*

Licensed Embalmer No. *4341*

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.