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. 18775

FILED JUN 13 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4657

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Hou (Specify whether
In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1802 CORA AVE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha J Parks
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Femal
5. Color or race Col.
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Johnnie Parks
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May (Month) 19 (Day) 1925 (Year)
8. AGE: Years 21 Months 0 Days 0 If less than one day ... hr. ... min.
9. Birthplace Parier Point Miss (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business House Wife
FATHER
12. Name Chas Sannder
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Wright
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant George Parks
(b) Address 4271 Kennerly
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Macon. Miss.
18. (a) Signature of funeral director Herman Smith
(b) Address 4247 [illegible]
19. (a) MAY 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 11 minute 00 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.

	Duration
Immediate cause of death Abortion Time Place	
Due to Cause and manner of Same	
Due to Could not be determined	
Other conditions (Include pregnancy within 3 months of death)	
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) Undet.
(b) Date of occurrence Undetermined
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Undetermined (Specify type of place)
While at work? (e) Means of injury Undet
23. Signature Alfred [illegible] (M. D. or other)
Address [illegible] Date signed 5/21/46

(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 Lawrence E Woodson

Licensed Embalmer No. 4341

P. O. Address 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.