

S. No. 2
M-2-43
7-5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH;
1003

22078
State File No. 5456
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis Mo
(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: Lutherian Convalescent Home 4400 Taft Ave
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution about 3 yrs (Specify whether
In this community St. Louis years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis FF:7
(If outside city or town limits, write "RURAL")
(d) Street No. 04400 Taft Avenue 159
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMILY C. PARKER

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month June day 18
1946 year hour 11:45 minute 11 P. M.21. I hereby certify that I attended the deceased from 1944
to June 18, 1946
that I last saw her alive on June 18, 1946
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

Immediate cause of death: Lobar pneumonia
Duration 3 days

6. (b) Name of husband or wife Lemon Parker 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased November 8, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 10 If less than one day hr. min.

Due to 108
Due to
Other conditions: Pat Influenza & Emphysema
(Include pregnancy within 3 months of death)
3 year duration

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Harry Macdonald

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Emily B. Chisholm

15. Birthplace Ontario, Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George W. Parker

(b) Address Oak Hill & Parker Aves

17. (a) Cremation (b) Date thereof 6/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director L. R. Lupton & Sons

(b) Address #7233 Delmar Bly'd

19. (a) (Date JUN 19 1946) (b) J. F. Bradish
(Registrar's signature)

Major findings:
Of operations
Of autopsy

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) (e) Means of injury

23. Signature Millie Neess (M. D. or other) 0
Address 3661 Lafayette Date signed 6/19/46

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

Dr. J. J. News
3661 La Fayette
GR-3933

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, N.J.

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.