

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Years
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME CORA A. PARKER Parker

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-07-6115

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

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

7. Birth date of deceased Oct. 4 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 12 hr. min.

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

10. Usual occupation Chief Operator

11. Industry or business Southwestern Bell Tele. Co.

12. Name John J. Parker

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

14. Maiden name Maria T. Shannon

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

16. (a) Informant J. L. Parker

(b) Address 6566 Southwest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY

(b) Address 6464 Chippewa St.

19. (a) JUL 17 1946 (Date received local registrar)

J. F. Breuer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6566 Southwest Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1946 hour 12 minute 00

21. I hereby certify that I attended the deceased from June 1946 to July 16 1946
that I last saw him alive on July 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma generalized
Due to metastasis from
breast

Other conditions R. Hydronephrosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy None

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 [Signature] (M. D. or other)

Date signed 7/17/46

Dr. Neil Moore
St. Anthony's Hosp.

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.