

FILED JUN 18 1946

Registration District No.

Primary Registration District No. 1003

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: De Paul
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 14 days
In this community 1 mo 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County Madison
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 516 1/2 Sheridan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHIRLEY MAE PARSONS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 15th 1938
(Month) (Day) (Year)

8. AGE: Years 7 7/8 Months 2 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Highland, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation School girl
11. Industry or business grade School

MOTHER FATHER { 12. Name H.R. Parsons,
13. Birthplace Tampeca, Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Smith
15. Birthplace Saleen, Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant H.R. Parsons
(b) Address Edwardsville, Ills.

17. (a) removal (b) Date thereof 7/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville
18. (a) Signature of funeral director Geo M. Blissett
(b) Address Collinsville, Ills.

19. (a) JUL 19 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 7 minute 45AM M.

21. I hereby certify that I attended the deceased from June 4 1946 to July 18 1946
that I last saw her alive on July 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia aplastic
Duration 2 yrs

Due to _____
Due to _____

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) _____
(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 Everett J. Davany (M. D. or other) _____
Address 607 N. Water Blvd Date signed 7/19/46

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

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

Geo M. Auerapp

Licensed Embalmer No. **1598**

P. O. Address **Collinsville, Ills**

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.