

FILED DEC 9 1946
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Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 4536 Page 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME GUS W. PARHAM

3. (b) If veteran, name war No

3. (c) Social Security No. 495-26-6585

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Parham

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 11 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gus W. Parham I

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

14. Maiden name UNKNOWN

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

16. (a) Informant Rosie Parham

(b) Address 4536 Page Ave.

17. (a) Removal (b) Date thereof 12/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Saddle Creek

19. (a) NOV 29 1946 (b) J. Bredenk
(Date received local registrar) (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. 4536 Page 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 26th
year 1946 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from with her
1946 to 26th Nov 1946
that I last saw her alive on 26th Nov 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Gastric)

Due to _____

Due to H6

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) A

(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? Yes (Specify place) _____
(Specify means of injury) _____

23. Signature [Signature]
Address 2742 Franklin Date signed _____

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.