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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

6595

State File No. 6595

FILED FEB 17 1947

Registration District No. 1947 318 Primary Registration District No. 1003. Registrar's No. 1236

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:
Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos 16 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 So 4th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Parthenia Laird

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Negro

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

6. (b) Name of husband or wife Willie Laird

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Jan 1 1906 (Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Jonnie Shaw

13. Birthplace Ark (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 Willie Laird

(b) Address 1120 S 4th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)

(c) Place of burial or cremation Washington Park Cemetery Washington Park Cemetery

18. (a) Signature of funeral director A. L. Burke

(b) Address 2142 Carroll St

19. (a) FEB 6 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 11-18 1947 to 2-3 1947 that I last saw h. alive on Feb. 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma Uterus	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Yes

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 O

23. Signature E. B. Williams (M. D. ~~or other~~)

Address 2601 N Whittier Date signed 2/4/47

(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 Theodore P. Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm Ave Webster Groves MO 4

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.