

No. 2  
-12-45  
5-17-39  
I X47070

FILED AUG 7 1947  
Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:  
(a) County St Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Ann Parker  
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  
6. (b) Name of husband or wife Henry Parker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 18, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days  
88 1 4  
\*If less than one day  
hr. min.

9. Birthplace Alsace Lorraine Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Hubert Kinge

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

14. Maiden name Unknown

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

16. (a) Informant Grover Parker

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof July 25, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) 7/28/47 (b) Hannie Huettner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1420 N. 4th. Street  
(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 22nd  
year 1947 hour 9 minute 45 P.M.  
21. I hereby certify that I attended the deceased from May 2  
1947 to July 22 1947  
that I last saw her alive on July 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Failure  
Paralyzed, arteriosclerotic  
heart disease.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Paralysis right foot  
(Include pregnancy within 3 months of death)  
arteriosclerotic occlusion

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy: BB  
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 W. Schneider (M. D. or other) MD  
Address St. Charles, Mo. Date signed 7/25/47

RECEIVED  
District Health Officer No. 9  
District File Number 8-5-47  
Date Filed

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 Arthur O. Lane

Licensed Embalmer No. 3155

P. O. Address St Charles Mo.

**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.