S. No. 2
M—1742
v. 5-19-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14530

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3977

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1137 Bayard Ave. (If rural, give location) 9 0
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Murdie Parr
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Burnice Parr
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Dec (Month) 25 (Day) 1894 (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Lovell Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Moro Parr
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Mattie Bostic
15. Birthplace ? (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Burnice Parr
(b) Address 1137 Bayard Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Blytheville Ark
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 8 minute 55 A.M.
21. I hereby certify that I attended the deceased from April 14, 1948, to April 26 1948, that I last saw him alive on April 26 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart, acute
Due to Myocarditis, chronic
Due to Arteriosclerosis and cardiac enlargement
Other conditions Achalasia of the esophagus (spasm) (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Hypertrophy and diltation of the heart

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (c) Means of injury
23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 4/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 15 1957

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address [illegible]

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.