No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17912
Registrar's No. 4839

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: D.A.R. Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 10 years

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.: 3016 Caroline Street
(If rural, give location)

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

3. (a) PRINT FULL NAME: Helen Parker

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Wendell Parker

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

7. Birth date of deceased: March (Month) 5 (Day) 1911 (Year)

8. AGE: Years 37 | Months 2 | Days 16 | If less than one day: hr. min.

9. Birthplace: Muskogee, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John ~~Moore~~ Waters
13. Birthplace: Unknown, ~~California~~ Okla
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ~~Susie~~ Hulsey Lusk
15. Birthplace: Lusk ~~Miami~~, Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant: Katherine Waters Kemp
(b) Address: 4142 Enright (rear)

17. (a) Burial (b) Date thereof: May 27/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
(d) Signature of funeral director: Chas. J. Gates
(e) Address: 4107 Finney Avenue

18. (a) MAY 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemothorax left side from lacerated left lung; Fractured ribs; Fracture of pelvis when one Wendell R. Parker Col. died at the wheel of the automobile in which she was a passenger causing same to collide with an automobile driven by one Mary Lois Sherman, on the Express Highway 200 feet west of Tamm Av. around 11:15AM May 21 1948. ACCIDENT.

Duration

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

Major findings:
Of operations:
Of autopsy:

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): Accident
(b) Date of occurrence: 5-21-1948
(c) Where did injury occur? (City or town): St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury: see above

23. Signature: Fabius C. Taylor (M. D. or other)
Address: 1300 Clark Avenue Date signed: 5-26-48

Jefferson City Printing Co.

(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 John K. Cunningham, Registered Apprentice No. _____ working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 4839

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Helen Parker, died/~~born~~ 5-21- , 19 48 in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 12 should read John Watters
Instead of " Moore

Item No. 13 should read Unknown - Oklahoma
Instead of " Calif.

Item No. 14 should read Unknown
Instead of Susie Hulsie

Item No. 15 should read Unknown
Instead of Oklahoma.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Katherine Watters Kemp Inf.
Relationship.

4142 Enright
Present Address.

Subscribed and sworn to before me this 17 day of July, 1948

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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S-17912