

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35179**
Registrar's No. **2170**

Registration District No. **2148**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6825 Natural Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis **96**
(c) City or town St. Louis County Mo.
(If outside city, or town limits, write "RURAL")
(d) Street No. 6825- Nat'l Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME RHODA ELIZABETH PARKER
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 23RD
year 1948 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from Feb-13th-
1942 to Oct-21st- 1948, 19____;
that I last saw her alive on Oct-21st. 1948, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral apoplexy- Duration
left Hemiplegia- Rt.

8. AGE: Years 69 Months 3 Days 27 If less than one day hr. min.

Due to Chr- & General Sclerosis
Chr- Malignant Hypertension
Due to Died In The Home Of The

9. Birthplace O'Fallon Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Invalid

Other conditions (Include pregnancy within 3 months of death)
Incurables.

MOTHER FATHER
11. Industry or business
12. Name Marion Parker
13. Birthplace O'Fallon Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret E. Freimuth
15. Birthplace O'Fallon Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations 830
Of autopsy No.
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Phyllis E. Parker
(b) Address 143 St. John St., Webster Groves, Mo.
17. (a) burial (b) Date thereof 10/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem. St. Paul, Mo.

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?

18. (a) Signature of funeral director Mittelberg Fun'l Home
(b) Address Webster Groves, I.9, Mo.
19. (a) 10-25-48 (b) George J. Starnes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 0
23. Signature J. Starnes (M. D. or other)
Address 3734 Jennings Road Date signed 10-

(Licensed Embalmer's Statement on Reverse Side)

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

76
0
2

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

J. Allen Davis Jr.

Licensed Embalmer No. *11053*

P. O. Address.....

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.