

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38511

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

State File No. \_\_\_\_\_

FILED DEC 8 1948 **318**

Registrar's No. **10410**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**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**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **55 mins.**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** County \_\_\_\_\_

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

(d) Street No. **2723 Sheridan**  
**21**  
(If rural, give location)

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

**3: (a) PRINT FULL NAME** **Infant Parris**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Fem. 3** 5. Color or race **Negro**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **11 11 48**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			hr. <b>55</b> min.

**9. Birthplace** **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

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

**12. Name** \_\_\_\_\_

**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Jo Ann Parris**

**15. Birthplace** **Memphis Tennessee**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mary Duval Gatt**

**(b) Anatomical Board** **2601 N. Whittier**

**17. (a) Date thereof** **NOV 30 1948**  
(Month) (Day) (Year)

**(c) Place of burial or cremation** **Anatomical Board**

**18. (a) Signature of funeral director** **Roland Mortuary Service**

**(b) Address** **4104 Manchester Ave.**

**19. (a) Date received** **NOV 30 1948**  
(Date received) (Date received)

**(b) Registrar's signature** **B. Lasater**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **11** day **11**  
year **1948** hour **4** minute **45** P. M.

**21. I hereby certify that I attended the deceased from** **3:50 P.M.**  
**11-11-** 19 **48** to **4:45 P.M.** 19 **48**  
that I last saw her alive on **11-11-** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **131**  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)

Means of injury \_\_\_\_\_

**23. Signature** **W. J. Suckler** **11-17-48**  
(M. D. or other)

**Address** **2601 N. Whittier** **11-17-48**  
Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

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.**