5. No. 300
v. 10.48

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

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6589

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1341

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1818 OREGON AV.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 1818 OREGON AV.

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) AGNES c. (Last) PARKS

4. DATE OF DEATH (Month) (Day) (Year): FEB. 8 1950

5. SEX: FE.

6. COLOR OR RACE: W.

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: M.

8. DATE OF BIRTH: Oct. 30 1889

9. AGE (In years last birthday): 60 YRS. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: OWN

11. BIRTHPLACE (State or foreign country): MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ALEX STEWART

13b. MOTHER'S MAIDEN NAME: MARY STRATTMAN

14. NAME OF HUSBAND OR ~~WIFE~~: DAVID E. PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mr David E. Parks
ADDRESS: 1818 Oregon av

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — Interval between onset and death: 1 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 8 mos.
DUE TO (c) Chr. Myocarditis Arteriosclerotic Fibrosis — 1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Syphilis Intermittent — 2 1/2 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* Apr. 21, 1947, *to* Feb. 8, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. (Degree or title)

23b. ADDRESS: 2747 Gravois Av

23c. DATE SIGNED: 2-10-50

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: BURIAL

24b. DATE: FEB. 11-50

24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.

24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

DATE REC'D BY LOCAL REG. FEB 10 1950

REGISTRAR'S SIGNATURE: J. B. Lester

25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schmur
ADDRESS: 3125 Lafayette Av

(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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

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.