

FILED DEC 18 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

42672

318

1003

State File No. 10426  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0352</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>6 m</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>			1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3401 Lasalle</u>				d. STREET ADDRESS (If rural, give location) <u>First St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolina</u>			b. (Middle)		c. (Last) <u>Parks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug. 1, 1874</u>		9. AGE (In years last birthday) 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) <u>N/A</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Washington MD</u>			12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Geo. Green</u>			13b. MOTHER'S MAIDEN NAME <u>Hanna Berry</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Page 3401 Lasalle St</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HWX</u>				
22. I hereby certify that I attended the deceased from <u>10/23, 1950</u> to <u>12/7, 1950</u> that I last saw the deceased alive on <u>12/6, 1950</u> , and that death occurred at <u>4:47 m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. B. Basler MD</u>				23b. ADDRESS <u>3136 Choutan</u>			23c. DATE SIGNED <u>12/7/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal H</u>		24b. DATE <u>Dec. 8</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington MO</u>		24d. LOCATION (City, town, or county) (State) <u>Washington MO</u>			
DATE REC'D BY LOCAL REG. <u>DEC 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Basler</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Statton 2769 Choutan</u>				

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

0361010

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed J. J. Watson

Signed .....  
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau, Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.