

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10929

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 16076 Registrar's No. 714

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7088 Emma Avenue | | d. STREET ADDRESS (If rural, give location) 7088 Emma Avenue | |

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|-------------------------------------|--------------------------|--------------------------|------------------------|---------------------------------------|------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Thenie | b. (Middle) Parks | c. (Last) Parks | 4. DATE OF DEATH (Month) (Day) (Year) | March, 18, 1951 |
|-------------------------------------|--------------------------|--------------------------|------------------------|---------------------------------------|------------------------|

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|----------------------|-------------------------------|--|--------------------------------------|---|---|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Dec. 9, 1870 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 4 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Melville Parks | 13b. MOTHER'S MAIDEN NAME Josephine Mansfield | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Claude Parks, 7088 Emma Ave. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 week ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **Mar 18, 1951**, to **Mar 18, 1951**, that I last saw the deceased alive on **Mar 17, 1951** and that death occurred at **3:10 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Edw. Schumacher D.M.S. (Degree or title) | 23b. ADDRESS 6704 W. E. 101 | 23c. DATE SIGNED Mar 19 1951 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-20-51, 1951 | 24c. NAME OF CEMETERY OR CREMATORY via rail. Montgomery Cemetery | 24d. LOCATION (City, town, or county) (State) Oakland City, Indiana. |
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| DATE REC'D BY LOCAL REG. 3/19/51 | REGISTRAR'S SIGNATURE Robert Roberts M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. E. Fair Ave. | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Thomas H. Fritz

Licensed Embalmer No.

3882

P. O. Address

St. Louis

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.