

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26197

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6854

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 1350 N. Garrison Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		2. DATE OF DEATH (Month) (Day) (Year) June 29, 1952	
3. NAME OF DECEASED (Type or Print) Susie Ann Nappier Parr		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 30, 1893	
9. AGE (In years last birthday) 59		10. MONTHS 0	
11. DAYS 30		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Waterpruff, Louisiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Allen Warren		13b. MOTHER'S MAIDEN NAME Emmaline Johnson	
14. NAME OF HUSBAND OR WIFE George Parr		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert Nappier	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS 1350 N. Garrison Ave.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		Heat Prostration	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9319		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1005 P. m., from the causes and on the date stated above. 46	
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7.1.52.		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Marie Cemetery	
24d. LOCATION (City, town, or county) (State) Wilson, Arkansas		25. FUNERAL DIRECTOR'S SIGNATURE J. C. J. Nash	
25. ADDRESS 3847 Page		DATE REC'D BY LOCAL REG. JUL 2 1952	

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.