

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

3586

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0246

BIRTH NO.

REG. DIST. NO.

## 1. PLACE OF DEATH

a. COUNTY

Missouri

## 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

OR TOWN St Louis

c. LENGTH OF

STAY (In this place)

3yr 7mo

c. CITY (If outside corporate limits, write RURAL and give township)

OR TOWN

St. Louis

2129

d. FULL NAME OF HOSPITAL OR INSTITUTION

Masonic Hospital

d. STREET ADDRESS

(If rural, give location)

12 5351 Delmar 0

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Ella

b. (Middle)

G

c. (Last)

Parker

## 4. DATE OF DEATH

(Month)

1

(Day)

8-

(Year)

1953

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

W

## 8. DATE OF BIRTH

7-15-1869

## 9. AGE (In years last birthday)

83

## IF UNDER 1 YEAR

Months

6

Days

24

## IF UNDER 24 HRS.

Hours

Mins.

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

school teacher

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

Virginia, Illinois

## 12. CITIZEN OF WHAT COUNTRY?

U.S.

## 13a. FATHER'S NAME

Chauncey Goodrich

## 13b. MOTHER'S MAIDEN NAME

Mary C. Butler

## 14. NAME OF HUSBAND OR WIFE

W. C. Parker, deceased

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

no

## 16. SOCIAL SECURITY NO.

Unknown

## 17. INFORMANT'S SIGNATURE OR NAME

Ella Parker, Supt.

## ADDRESS

Masonic Home of Missouri, 5351 Delmar

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Acute Myocarditis

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Arthritis Deformans

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

2 Dys.

4 Yrs.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

7230

22. I hereby certify that I attended the deceased from 5-19-1949 to 1-8-1953 that I last saw the deceased alive on 1-8-1953, and that death occurred at 9:15 P m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Ella Parker, Supt.

## 23b. ADDRESS

5-8 N. Grand

## 23c. DATE SIGNED

1-9-53

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 24b. DATE

1-9-53

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

Hannibal, Mo.

## (State)

## DATE REC'D-BY LOCAL REG.

JAN 9 1953

## REGISTRAR'S SIGNATURE

Ella Parker, Supt.

## 25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe, 4700 Washington Blvd.

## ADDRESS

(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.....

*John J. Haines*  
Licensed Embalmer No. 4108

P. O. Address.....

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.