

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16079**  
Registrar's No. **3968**

FILED MAY 14 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>6 Weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARIAN HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2724a UNIVERSITY</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>EDNA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>PARKERSON</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 15, 1928</b>	
9. AGE (In years last birthday) <b>24</b>		10. UNDER 1 YEAR <b>11</b> MONTHS <b>11</b> DAYS <b>28</b> HOURS	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PALLY</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE RENO</b>	
14. NAME OF HUSBAND OR WIFE <b>DALE PARKERSON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY <b>499-28-3748</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dale Parkerson, 2724a University, St. Louis</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pyelium Obstruction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>March 53</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		<b>abscess Heart Pacrium</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>545X</b>	
22. I hereby certify that I attended the deceased from <b>March 10, 1953</b> , to <b>April 14, 1953</b> , that I last saw the deceased alive on <b>April 14, 1953</b> , and that death occurred at <b>12: A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. G. Moore M.D.</b> (Degree or title)		23b. ADDRESS <b>917-8018</b>	
23c. DATE SIGNED <b>4-16-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>April 17, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin's, 2501 Lafayette, St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 16 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

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

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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.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....

Licensed Embalmer No. *4550*.....

P. O. Address... *St. Louis, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.