

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26758

State File No. ....

6713

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips** e. STREET ADDRESS (If rural, give location) **2209 1842 Garrison**

3. NAME OF DECEASED a. (First) **LULA** b. (Middle) \_\_\_\_\_ c. (Last) **PARKER** 4. DATE OF DEATH (Month) (Day) (Year) **7-7-53**

5. SEX **Female** 6. COLOR OR RACE **Cal.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug 8 - 1890** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St Louis Mo** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Henderson Willie** 13b. MOTHER'S MAIDEN NAME **Mary not known** 14. NAME OF HUSBAND OR WIFE **Frank**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Frank Hall** ADDRESS **1842 Garrison**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Gastro-intestinal Bleeding** INTERVAL BETWEEN ONSET AND DEATH **Undt.**  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **Carcinoma of the Stomach**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
11. 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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **5-29-53**, to **7-7-53**, that I last saw the deceased alive on **7-7-53**, and that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm. H. Linker, M. D.** 23b. ADDRESS **2601 N. Whittier St.** 23c. DATE SIGNED **7-7-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7-10-53** 24c. NAME OF CEMETERY OR CREMATORY **Oak Dale** 24d. LOCATION (City, town, or county) (State) **St Louis County**

DATE REC'D BY LOCAL REG. **JUL 7 1953** REGISTRAR'S SIGNATURE **J. Cash Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. D. Richardson** ADDRESS **2625 Delmar**

Carcinoma of the stomach; correct diagnosis

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

*AD Richardson*

Licensed Embalmer No. *292*

P. O. Address *2625 Glass*

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.