

Coroner's reports states this should be Angina Pectoris A. M.

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

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN. 6 1956

State File No. **42491**  
**9740**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY *****		2. USUAL RESIDENCE (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) <b>ST. Louis</b>		c. LENGTH OF STAY (In this place) <b>39 Yrs</b>	d. In 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>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>12 5026 Kensington Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Dorothy</b>	a. (First)	b. (Middle) <b>Cofield</b>	c. (Last) <b>Parker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>II - 5 - 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>COL.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8 - 2 - 19 16</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>3</b> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Spray Gun Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Bankston</b>	13b. MOTHER'S MAIDEN NAME <b>Nathaniel Palmer</b>	14. NAME OF HUSBAND OR WIFE <b>Fred. Parker</b>
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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 NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maxine Brand</b>	ADDRESS <b>3985 A North Market</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neurogenic Heart Disease</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 **9:55A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dennis M. Kelly</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11-7-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis " " Missouri</b>
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DATE REC'D BY LOCAL REG. <b>NOV 8 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	5. FUNERAL DIRECTOR'S SIGNATURE <b>M. Houston</b>	ADDRESS <b>2616, No. Garrison Ave</b>
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m & b. (Licensed Embalmer's Statement on Reverse Side)

**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.....  
Licensed Embalmer No. 44  
P. O. Address 266 70 St

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.