FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18424

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4401

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 3019 "A" No. Market 2119

3. NAME OF DECEASED (Type or Print)
a. (First): Carlon
b. (Middle):
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): 4-28-1956

5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-23-1947
9. AGE (In years last birthday): 9 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elaise Parks
13b. MOTHER'S MAIDEN NAME: Willie Moe Lewis
14. NAME OF HUSBAND OR WIFE: ~~Elaise Parks~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elaise Parks
ADDRESS: 3019 "N. Market

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull, Brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Injury suffered when struck

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

DUE TO (b) car operated by one, Juliet Harris (colr) in front

DUE TO (c) of about 3020 N. Market Ste.,

II. OTHER SIGNIFICANT CONDITIONS about 12:15 pm., April 28th

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

19a. DATE OF OPERATION: 956
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 28 56 12:23 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E812.4 2.5

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 7:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: James M. Kelly (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-1956
24c. NAME OF CEMETERY OR CREMATORY: Oak dale Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG. MAY 5 1956
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: MOSE VASSER
ADDRESS: 2812 Cass

(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 .....
Student Embalmer

Signed Leroy U. Bannis

Licensed Embalmer No. 452

P. O. Address 3880 East

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.