THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19151

FILED MAY 27 1957

STATE FILE NUMBER 4451

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of the Friendless — Length of stay in Ib 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4431 South Broadway — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Tempe; Middle D; Last Parker

4. DATE OF DEATH: Month 5; Day 8; Year 1957

5. SEX F

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 11-22-1877

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months 5, Days 16; IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Russell Daugherty

14. MOTHER'S MAIDEN NAME Unknown

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Home of the Friendless 4431 So Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gen'l arteriosclerosis — 25 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1954 to May 8, 1957 and last saw her/him alive on May 7, 1957. Death occurred at 1:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Shapleigh (Degree or title) M.D.

22b. ADDRESS 3720 Washington

22c. DATE SIGNED 5/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5-10-1957

23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

23d. LOCATION (City, town, or county) St Louis,Mo (State)

24. FUNERAL DIRECTOR Hollmeister Colonial Mortuary — ADDRESS 6464 Chippewa St St Louis 9,Mo

25. DATE RECD. BY LOCAL REG. MAY 9 '57

26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Lewis C. Hoffman

Licensed Embalmer No. 38

P. O. Address 7814 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.