

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

824  
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **of St. Louis** (d) Street No. **3424 Gasconade** Registered No. **680**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **Olive M. Parks 120**  
 (a) Residence, No. **3424 Gasconade** St. **15** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Enoch**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1867**  
 7. AGE YEARS **71** MONTHS **0** DAYS **15** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Salem** (STATE OR COUNTRY) **Illinois**

13. NAME **Daniel Burge**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Olive Griffith**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Enoch Parks**  
**Iuka, Illinois**

18. BURIAL PLACE **Oak Hill Cem.** CEMETERY REMOVAL to **Taylorville, Ill.** DATE **Jan. 21, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin**  
**2301 Lafayette Avenue**

20. FILED **JAN 20 1938** **J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/17/38** . 19  
 22. I HEREBY CERTIFY, That I attended deceased from **1-16-38**, to **1-17-38**  
 I last saw her alive on **1-16-38** Death is said to have occurred on the date stated above, at **11:15 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis**  
**Arterio-sclerosis**  
 Date of onset **1-16-38**  
 Other contributory causes of importance: **yes**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) **Walter M. Jones**, M. D.  
 (Address) **3400 Giesamer**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

**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.)**