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.

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

FEB 12 1938

1293
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1149
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irma Parks 620
(a) Residence, No. 1025 Armstrong St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18, 1934
7. AGE: YEARS 3 MONTHS 10 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
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) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Amos Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Thelma Barrington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis University DATE 1-31-38
19. FUNERAL DIRECTOR (ADDRESS): A. L. Beal Und Co. 2726 Lucas Ave.
20. FILED JAN 31 1938 19 J F Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Jan. 24, 1938
I last saw her alive on Jan. 24, 1938. Death is said to have occurred on the date stated above, at 2:15p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Purpura	

89b

Other contributory causes of importance:
Right Mastoiditis
Vaginitis — non-specific

Name of operation ..... Date of .....
What test confirmed diagnosis clinical 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) H E Thornell, M. D.
(Address) Phillips Hosp.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Birdie Beal Anderson, Licensed Embalmer No. 2929

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

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