

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
 (b) City or town ST. LOUIS MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2514a Marcus
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Sophia Parks

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowe

6. (b) Name of husband or wife Robert Parks 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 12 25 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>23</u>	hr. _____ min.

9. Birthplace Barberville Ky.
(City, town, or county) (State or foreign country)10. Usual occupation Invalid

11. Industry or business

12. Name Harris H. Davis13. Birthplace Ky.
(City, town, or county) (State or foreign country)14. Maiden name Amanda Curtis15. Birthplace Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lester Rankins(b) Address 4544 Maffitt17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40
(Month) (Day) (Year)(c) Place: burial or cremation Lake Charles18. (a) Signature of funeral director Private(b) Address 3716 N. Grand Blvd.19. (a) FEB 20 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____(c) City or town St. Louis
(If outside city or town limits, write "RURAL")(d) Street No. 2514a Marcus
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1940 hour 2:20 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Female Debility
Arterio Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

COPY ON HANDING BLACK INK—MAKE A PERMANENT RECORD

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.

MOTHER FATHER

J. J. Connor

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smithers
Licensed Embalmer No. 3710 N. Grand
P. O. Address 3916

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 this body is not embalmed, above space should be left blank.