

No. 2
-13-40
-17-39
K 23159

791

1003

Registration District No. _____ Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1
(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 Genevieve E. Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George T. Parker

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Robert Corry

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Heier

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Genevieve Eichenhart

(b) Address 4724 a Lee Ave

17. (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) DEC 21 1940 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4129 Clarence Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th
year 1940 hour 8 minute 55am M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h^{er} alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Internal Hemorrhage due to fragmented fracture of the Pelvis, Compound fracture of left tibia, and laceration of the bladder when struck by a automobile driven by one Gilbert Bauer

Other conditions to about 5:20 PM Dec 13, 1940
(Include pregnancy within 3 months of death)

Major findings: Criminal Carelessness

Duration _____

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Dec 13 1940

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(b) Means of injury _____

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

Address St. Louis Date signed 12/24/40

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

Signed *Sheldon Collier*.....

Licensed Embalmer No. *3382*.....

P. O. Address.....

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, fact should be so stated above.