

No. 2  
-13-40  
-17-39  
X23159

70 70

State File No. ....

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 517  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5475 Cabanne 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAMINA DINKS PARRISH

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September 9 1879  
(Month) (Day) (Year)

8. AGE: -Years Months Days If less than one day  
61 3 24 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Dinks L. Parrish

13. Birthplace Bowling Green / Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Aggie Cooper

15. Birthplace Camden / South Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Trace S. Parrish

(b) Address 5607 Cabanne

17. (a) burial (b) Date thereof 1-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd YU/1

19. (a) JAN 5 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3  
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 26, 1940 to January 3, 1941,  
that I last saw her alive on January 3, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Primary site - Carcinoma of uterus, fundus

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy As above

Duration

PHYSICIAN

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).....  
(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 0

23. Signature FR Bradley (M. D. 1-2-41)  
Address BARNES HOSPITAL Date signed 1-3-41

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

MOTHER FATHER

---

---

**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.....

Licensed Embalmer No.....

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.**