

Registration District No. 84

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 hours  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town St. Louis County ( )  
(If outside city or town limits, write "RURAL") ( )  
(d) Street No. 458 N. Ridge, Riverview Gdn.  
(If rural, give location) ( )  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Margaret Frances Parkinson

3. (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 Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 25 1868  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>72</u> | <u>6</u> | <u>26</u> | hr. min.             |

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
12. Name Francis Donnelly  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Welsh  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Parkinson

(b) Address 458 N. Ridge, Riverview Gdn

17. (a) Burial (b) Date thereof Feb. 24, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden Cemetery

18. (a) Signature of funeral director Matt Hermann Undert

(b) Address 8161 E. Fair St. Louis

19. (a) FEB 22 1941 (b) R. Meyer, M.D. & PH  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Cardiac Condition

Due to 82nd

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes  
Cerebral Hemorrhage

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 B

23. St. Louis (M.D. or other) St. Louis  
Address Kirkwood, Mo. Date signed \_\_\_\_\_

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

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**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 *James Hampton*

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

**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.